

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-004-0040	<p>The Department needs to immediately update 411-004-0040 to delay the implementation effective date of the rule by six months. Currently, the rule is to go into effect on July 1, 2016. The Department needs to delay implementation to allow additional time for APD to create a system infrastructure to support the individually-based limitation process, allow more time for APD and ODDS to train staff and providers, and allow Providers time to collect information about residents who may need a limitation, record positive interventions used on the resident and any less intrusive methods that were tried, but did not work with the resident.</p> <p>The Department will delay the effective date of the rule by making it initially effective January 1, 2017 with a rolling implementation through February 28, 2018, so the Department and providers are able to have additional time to meet the needs listed above.</p>	<p>Failure to act promptly and immediately amend OAR 411-004-0040 will result in serious prejudice to the public interest, the Department, providers, and individuals in home and community-based settings. These rules need to be adopted promptly so the Department can extend the effective date of the individually-based limitations rule to allow the Department and providers more time to prepare for implementation of the rule.</p> <p>OAR 411-004-0040 needs to be amended promptly because if the implementation date were to remain July 1, 2016, state and county systems and staff and providers would be required to implement a rule that currently has no system infrastructure. Additionally, providers and staff have not received training on the rules or process surrounding individually-based limitations, and may be confused or uncertain on how to properly implement the rule requirements. Also, if the Department did not delay implementation, individuals who receive home and community-based services may not have the necessary protections in place when a provider attempts to put an individually-based limitation on them.</p>
411-020-0002	<p>The Department needs to immediately amend OAR 411-020-0002 to comply with House Bill 2227 and Senate Bill 622. The Department needs to have these changes implemented by January 1, 2016 in order to comply with both sets of legislation.</p> <p>The Department will do this by amending OAR 411-020-0002 to clarify that sexual abuse does not include relations between a staff member and a resident who work and reside in a licensed care setting if the two are spouses. The Department will also update the definition of "mandatory reporter" to add new mandatory reporters to the list of who qualifies as a public or private official for purposes of mandatory reporting.</p>	<p>Failure to act promptly and immediately amend OAR 411-020-0002 will result in serious prejudice to the public interest, the Department, and residents and staff working and residing in licensed settings who are spouses. These rules need to be adopted promptly so that the Department can comply with the enacted legislation.</p> <p>OAR 411-020-0002 needs to be amended promptly because without clarification to the sexual abuse definition, sexual relations between spouses who work and reside in a licensed care setting is abuse. The employee could be found as abusive toward the resident and be subject to loss of employment. The rule also needs to be amended to reflect who is considered a public or private official for purposes of mandatory reporting. The Department is required to make these changes by January 1, 2016.</p>
411-027-0170	<p>OAR 411-027 needs to be amended by July 1, 2016 to reflect changes in the home and community based rates for Contracted In-Home Care Agencies, Adult Foster Homes, Residential Care Facilities, Assisted Living Facilities, Memory Care Facilities, and Home Delivered Meals. The Department is amending the rate rule to reflect the new rate schedule that will become effective July 1, 2016.</p>	<p>Failure to act promptly and immediately to amend OAR 411-027 will result in serious prejudice to home and community based care facility providers (Contracted In-Home Care Agencies, Adult Foster Homes, Residential Care Facilities, Assisted Living Facilities, Memory Care Facilities, and Home Delivered Meals), consumers, to the public interest, and the Department by preventing the Department from providing correct facility payments for services rendered to Medicaid service eligible individuals. These rules need to be amended promptly so the Department can provide the proper payments to providers for services rendered. OAR 411-027-0170 needs to be amended promptly because the new rates go into effect on July 1, 2016.</p>

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411-030-0068	<p>OAR 411-030 was previously amended to better align with the U.S. Department of Labor regulations in regards to live-in services. After this alignment, the Department determined additional changes were necessary for the sustainability of the in-home services program. Also, during the February 2016 legislative session, a budget note directed, Aging and People with Disabilities (APD) to provide policy and budget options for decision making for the future sustainability of APD programs. The process included looking at viable options and reaching out to legislators, stakeholders, and partners. The Department provided an update to various policy and budget options during the May 2016 legislative days, and after further discussion, it was determined the Department needed to end allowing new individuals into the live-in services program.</p> <p>In order to achieve sustainability, the Department needs to amend the rules to limit the live-in services program to individuals that are receiving the service prior to July 1, 2016. The Department is amending OAR 411-030-0068 and OAR 411-030-0070 to align the rules with the changes noted above.</p> <p>The Department also needs to amend the rules to add in requirements for homecare workers to receive a differential rate per the collective bargaining agreement with SEIU. The Department is adding in a new rule subsection to 411-030-0068 to lay out the requirements for how a homecare worker may receive a differential rate.</p> <p>The rules will also be amended to fix minor grammar, formatting, punctuation, and housekeeping issues.</p>	<p>Failure to act promptly and immediately to amend OAR 411-030 will result in serious prejudice to the public interest, the Department, homecare workers, and individuals receiving services. If the rules are not changed promptly, the sustainability of the in-home services program will be at risk. In order to ensure sustainability, the Department must immediately amend the rules to ensure the Department is only paying for the services the Department is authorized to provide.</p> <p>OAR 411-030 needs to be amended promptly because the Department may not be able to continue the program if the sustainability issues are not addressed. Addressing the sustainability issues will allow the Department to continue providing the services the Department is authorized to provide. The Department also needs to address issues in terms of rule consistency with the collective bargaining agreement. In order to reduce confusion surrounding differential rates, the Department added terminology to make it clear when homecare worker may receive a differential rate.</p>
411-030-0070	<p>OAR 411-030 was previously amended to better align with the U.S. Department of Labor regulations in regards to live-in services. After this alignment, the Department determined additional changes were necessary for the sustainability of the in-home services program. Also, during the February 2016 legislative session, a budget note directed, Aging and People with Disabilities (APD) to provide policy and budget options for decision making for the future sustainability of APD programs. The process included looking at viable options and reaching out to legislators, stakeholders, and partners. The Department provided an update to various policy and budget options during the May 2016 legislative days, and after further discussion, it was determined the Department needed to end allowing new individuals into the live-in services program.</p> <p>In order to achieve sustainability, the Department needs to amend the rules to limit the live-in services program to individuals that are receiving the service prior to July 1, 2016. The Department is amending OAR 411-030-0068 and OAR 411-030-0070 to align the rules with the changes noted above.</p> <p>The Department also needs to amend the rules to add in requirements for homecare workers to receive a differential rate per the collective bargaining agreement with SEIU. The Department is adding in a new rule subsection to 411-030-0068 to lay out the requirements for how a homecare worker may receive a differential rate.</p> <p>The rules will also be amended to fix minor grammar, formatting, punctuation, and housekeeping issues.</p>	<p>Failure to act promptly and immediately to amend OAR 411-030 will result in serious prejudice to the public interest, the Department, homecare workers, and individuals receiving services. If the rules are not changed promptly, the sustainability of the in-home services program will be at risk. In order to ensure sustainability, the Department must immediately amend the rules to ensure the Department is only paying for the services the Department is authorized to provide.</p> <p>OAR 411-030 needs to be amended promptly because the Department may not be able to continue the program if the sustainability issues are not addressed. Addressing the sustainability issues will allow the Department to continue providing the services the Department is authorized to provide. The Department also needs to address issues in terms of rule consistency with the collective bargaining agreement. In order to reduce confusion surrounding differential rates, the Department added terminology to make it clear when homecare worker may receive a differential rate.</p>

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411-031-0020	<p>OAR 411-031 needs to be immediately amended to bring the Department into compliance with the U.S. Department of Labor’s decision (upheld by the U.S. Court of Appeals) as it relates to homecare workers being paid for travel between consumer-employers’ service settings effective 01/01/2016. The Department is doing this by establishing a clear framework under which homecare workers may claim, and be paid for, travel between the individuals for whom they work. The rules specify what travel time may and may not be claimed, and how the travel time will be calculated and reimbursed.</p> <p>OAR 411-031 also needs to be amended to update the rules in regards to changes required by Senate Bill 622, which mandates homecare workers as mandatory reporters of abuse. The rule does this by establishing what the responsibilities of a mandatory reporter are, and establishes the Department’s ability to suspend a homecare worker’s provider enrollment if the homecare worker fails to discharge his or her duties as a mandatory reporter.</p> <p>Finally, OAR 411-031 needs to be amended to put the Department into compliance with ORS 183.310. The rules do this by: Streamlining and simplifying the process for homecare workers to appeal terminations of their provider enrollment. Enabling the Department to issue final orders by default in uncontested termination actions. Shortening the period between a homecare worker being sent notice of termination and having access to an administrative hearing. Giving the homecare worker a longer period of time to appeal any suspension.</p>	<p>Failure to act promptly and immediately amend OAR 411-031 will result in serious prejudice to homecare workers, the Department, older adults, individuals with disabilities, children, residents of nursing facilities, individuals receiving in-home services, and the public. These rules need to be adopted promptly so the Department is in compliance with new state and federal law and collective bargaining requirements.</p> <p>OAR 411-031 needs to be amended promptly because the Department is currently out of compliance with the Department of Labor’s rule and a U.S. Court of Appeals decision concerning homecare workers’ right to be paid for travel time when going between employers’ service settings beginning January 1, 2016. If the rules are not adopted promptly, thousands of homecare workers will not be able to be compensated for travel time, which would deprive them of funds they are entitled to under law. Enacting the rules allows the Department to pay homecare workers for their travel time and comply with current federal law.</p> <p>Failure to take immediate action would also keep the Department out of compliance with Senate Bill 622, which establishes that homecare workers are mandatory reporters of abuse. These rules give the Department the ability to enforce the provisions of Senate Bill 622 by establishing mandatory reporter requirements and consequences for not meeting those requirements.</p> <p>Failure to immediately amend 411-031 would prevent the Department from being able to meet due process requirements under ORS 183.310 as they relate to homecare workers whose provider enrollment is terminated. The Department must immediately comply with ORS 183.310 to reduce the possibility of provider enrollment termination decisions being overturned due to the Department not meeting ORS 183.310. Adopting these rules ensure homecare worker provider enrollment termination practices more</p>

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411-031-0020(T)	<p>OAR 411-031 needs to be amended promptly because the Department needs to change language to accurately reflect terms of the collective bargaining agreement that were not accounted for in the temporary rulemaking. The Department will do this by updating language on the trusts process, deleting language in regards to benefits, change some of the language surrounding the new travel rules, and change "union" representation to "legal" representation in the rule on terminating home care workers provider numbers.</p>	<p>Failure to act promptly and immediately amend OAR 411-031 will result in serious prejudice to homecare workers, the Department, older adults, individuals with disabilities, children, residents of nursing facilities, individuals receiving in-home services, and the public. These rules need to be adopted promptly so the Department is in compliance with new state and federal law and collective bargaining requirements.</p> <p>OAR 411-031 needs to be amended promptly because the Department needs to adequately reflect the law and terms of the collective bargaining agreement. Failure to do this could put the Department at risk of legal challenges to the rules for not adequately capturing the law.</p>

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411-031-0050	<p>OAR 411-031 needs to be amended promptly because the Department needs to change language to accurately reflect terms of the collective bargaining agreement that were not accounted for in the temporary rulemaking. The Department will do this by updating language on the trusts process, deleting language in regards to benefits, change some of the language surrounding the new travel rules, and change "union" representation to "legal" representation in the rule on terminating home care workers provider numbers.</p>	<p>Failure to act promptly and immediately amend OAR 411-031 will result in serious prejudice to homecare workers, the Department, older adults, individuals with disabilities, children, residents of nursing facilities, individuals receiving in-home services, and the public. These rules need to be adopted promptly so the Department is in compliance with new state and federal law and collective bargaining requirements.</p> <p>OAR 411-031 needs to be amended promptly because the Department needs to adequately reflect the law and terms of the collective bargaining agreement. Failure to do this could put the Department at risk of legal challenges to the rules for not adequately capturing the law.</p>
411-050-0602	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS). The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

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411-050-0615	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0630	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-050-0632	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0635	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-050-0642	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0645	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-050-0650	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0655	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-050-0662	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0665	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-050-0670	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>
411-050-0685	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 050 to align the rules with the newly adopted rules in 411-004 to implement new regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).The purpose of these federal regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.</p> <p>The Department will do this by updating OAR 411-050 to incorporate these new regulations into the rules. This will ensure the Department is applying the same standards to all HCBS settings and that there is no disparity of services depending on the payment source.</p> <p>The Department also needs to update the rules to improve and streamline processes and to make changes to enhance the safety and welfare of adult foster home residents and licensees. The Department updated the rules to ensure the rules were using current Department terminology and to perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-050 will result in serious prejudice to the Department, the public, adult foster home providers, and adults who are older and adults with physical disabilities residing in adult foster homes. These rules need to be adopted promptly so that the rules in 411-050 comply with the newly adopted rules in OAR chapter 411, division 004, which implement the new CMS requirements.</p> <p>411-050 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-054-0000	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>
411-054-0005	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-054-0012	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>
411-054-0025	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>

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411-054-0027	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>
411-054-0036	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-054-0038	<p>The Department needs to immediately amend the rules in OAR chapter 411, division 054 to align the rules with the newly adopted rules in 411-004 that implement the regulations and expectations of CMS by providing a foundation of standards to support the network of Medicaid-funded and private pay residential HCBS, HCB settings, and person-centered service planning for individuals receiving HCBS in Oregon. The Department will do this by amending current rules to match terminology used in 411-004. The Department will also adopt a new rule to set out when individually based limitations are applicable.</p> <p>The Department also needs to amend the rules to update language to comply with H.B. 2413 (2015), H.B. 4151 (2015). The Department will do this by adding language to the background check portion of the rules and removing language from the market study portion of the rules. The Department will update the rules to match current Department terminology, and perform minor grammar, punctuation, formatting, and housekeeping changes.</p>	<p>Failure to act promptly and immediately amend and adopt a new rule OAR 411-054 will result in serious prejudice to the Department, the public, residential care and assisted living facility providers, and those residing in residential care and assisted living facilities. These rules need to be adopted promptly so that the rules in 411-054 comply with the newly adopted OAR chapter 411, division 004.</p> <p>411-054 needs to be amended promptly to align rules in the division with the new standards in OAR 411-004 relating to HCB services and settings and person-centered service planning. Failing to align the rules may lead to confusion among the program as there would be differing requirements in different divisions. Also, if the Department, does not implement rules that comply with the regulations and expectations of CMS, Oregon risks losing federal funding, which covers approximately 70 percent of the cost of HCBS. Without this federal funding, Oregon could not fund the current HCB system, resulting in a significant impact to the state.</p> <p>The Department also needs to implement changes to comply with H.B. 2413 (2015), H.B. 4151 (2015).</p>
411-070-0437	<p>The Department needs to amend OAR 411-070 to comply with Senate Bill 1585 (2016) to revise the Quality and Efficiency Incentive Program (QEIP) for Oregon Medicaid nursing facilities. The Department needs to adopt these temporary amendments to allow APD to continue the Quality and Efficiency Incentive Program for Nursing Facility until June 30, 2016 in accordance with the legislative decision. The current language states the nursing facility has to be purchased by another nursing facility by December 31, 2015 to be eligible for this program. The Department is amending the language to comply with the bill changes by changing the language from "purchased" to "a facility has to have an acquisition plan submitted to purchase to the Department" and extends the date to June 30, 2016.</p>	<p>Failure to act promptly and immediately amend OAR 411-070 will result in serious prejudice to Medicaid nursing facilities, the Department, and members of the public. These rules need to be adopted promptly so that the Department is in compliance with the legislative mandate to change the program according to Senate Bill 1585 (2016).</p> <p>OAR 411-070 needs to be amended promptly because failure to implement these amendments by April 1, 2016 would cause the APD to be out of compliance with legislative mandate and Medicaid would be forced to cover the operating costs as beds remain vacant.</p>
411-070-0442	<p>The Department needs to amend OAR 411-070 to comply with Senate Bill 1585 (2016) to revise the Quality and Efficiency Incentive Program (QEIP) for Oregon Medicaid nursing facilities. The Department needs to adopt these temporary amendments to allow APD to continue the Quality and Efficiency Incentive Program for Nursing Facility until June 30, 2016 in accordance with the legislative decision. The current language states the nursing facility has to be purchased by another nursing facility by December 31, 2015 to be eligible for this program. The Department is amending the language to comply with the bill changes by changing the language from "purchased" to "a facility has to have an acquisition plan submitted to purchase to the Department" and extends the date to June 30, 2016.</p>	<p>Failure to act promptly and immediately amend OAR 411-070 will result in serious prejudice to Medicaid nursing facilities, the Department, and members of the public. These rules need to be adopted promptly so that the Department is in compliance with the legislative mandate to change the program according to Senate Bill 1585 (2016).</p> <p>OAR 411-070 needs to be amended promptly because failure to implement these amendments by April 1, 2016 would cause the APD to be out of compliance with legislative mandate and Medicaid would be forced to cover the operating costs as beds remain vacant.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-300-0110	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-300-0130	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCBS Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCBS services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCBS services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-300-0150	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-300-0155	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-300-0170	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0020	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0050	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0080	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0100	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0110	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0120	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-308-0130	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-317-0000	<p>The Department needs to amend OAR 411-317-0000 to -- Provide consistency and streamline definitions across services; and Implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning. OAR 411-317-0000 is being amended to -- Include terms used consistently for developmental disabilities services; and Incorporate the definitions for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update OAR 411-317-0000 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Support Services Brokerages; Providers; and The Department.</p> <p>OAR 411-317-0000 needs to be updated promptly to -- Include terms used consistently for developmental disabilities services; and Incorporate the definitions for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Failure to immediately update these rules prevents the Department from -- Streamlining operations; Providing consistency across developmental disabilities services; Aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); and Aligning with the terms defined in OAR chapter 411, divisions 300 (Children's Intensive In-Home Services), 308 (In-Home Support for Children), 318 (Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings), 320 (Community Developmental Disability Programs), 323 (Agency Certification and Endorsement), 325 (24-Hour Residential Settings), 328 (Supported Living Settings), 330 (Comprehensive In-Home Support for Adults), 340 (Support Services for Adults), 345 (Employment Services), 346 (Foster Homes for Children), 350 (Medically Fragile Children's Services), 355 (Medically Involved Children's Program), 360 (Adult Foster Homes), and 375 (Personal Support Workers).</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-317-0000	<p>ODDS needs to temporarily amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 to align with temporary rule changes for: Independent providers in OAR chapter 411, division 375. Direct nursing services in OAR chapter 411, division 380. Case management services in OAR chapter 411, division 415. Ancillary services in OAR chapter 411, division 435. Community living supports in OAR chapter 411, division 450.</p> <p>OAR 411-317-0000 needs to be amended to: Clarify Medicaid eligibility by adopting definitions for the Children's Health Insurance Program and MAGI (Modified Adjusted Gross Income) and updating the definitions for the Office of Client and Community Services (OCCS) Medical Programs. Amend the definition for functional needs assessment to specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Incorporate the definition for the In-Home Expenditure Guidelines to provide consistency. Amend the definition of Service Agreement to clarify a Service Agreement is a component of an ISP that describes the authorized services to be delivered by a provider. Remove the definition for service level as the term is specific to community living supports and is being moved to OAR 411-450-0020.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended to remove the definition for functional needs assessment. The functional needs assessments appropriate to the specific programs in which an individual is enrolled are now included in the definition for functional needs assessment in OAR 411-317-0000. In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-317-0000 needs to be amended promptly to: Clarify Medicaid eligibility to assure equitable access to services. Specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Amending this definition will assure that the Department's functional needs assessment tools are used as intended for each program area and will not be used to set service levels in program areas they should not. Incorporate the definition for the In-Home Expenditure Guidelines. These guidelines are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking. Amend the definition of Service Agreement to assure compliance with CFR § 441.540. Remove the definition for service level as a way to assure that it is applied only to the services described in OAR chapter 411, division 450.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended promptly to remove the definition for functional needs assessment. Doing so assures consistency across programs and removes the possibility that a functional needs assessment could be used to establish a service level for services or programs the Department does not intend.</p> <p>Failure to immediately update these rule changes prevents the Department from providing consistency across developmental disabilities services and aligning with</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-318-0000	<p>HCBS Services and Settings-The Department needs to amend the following rules to ensure individuals receive the rights they are entitled to under the newly adopted rules in OAR chapter 411, division 004 for home and community-based (HCB) services and settings and person-centered service planning: OAR 411-318-0000 (Statement of Purpose and Scope); OAR 411-318-0005 (Definitions); and OAR 411-318-0010 (Individual Rights). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Direct Nursing Services-The Department needs to amend OAR 411-318-0000 (Statement of Purpose and Scope) to incorporate reference to newly adopted rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities to the list of developmental disability services covered under the rules in OAR chapter 411, division 318. OAR 411-318-0000 is being amended to incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Definitions-The Department needs to amend OAR 411-318-0005 to provide consistency and streamline definitions across services. OAR 411-318-0005 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 318 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Support Services Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents individuals with complex health needs from accessing direct nursing services; and Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and OAR chapter 411, division 380 (Direct Nursing Services).</p>
411-318-0005	<p>HCBS Services and Settings-The Department needs to amend the following rules to ensure individuals receive the rights they are entitled to under the newly adopted rules in OAR chapter 411, division 004 for home and community-based (HCB) services and settings and person-centered service planning: OAR 411-318-0000 (Statement of Purpose and Scope); OAR 411-318-0005 (Definitions); and OAR 411-318-0010 (Individual Rights). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Direct Nursing Services-The Department needs to amend OAR 411-318-0000 (Statement of Purpose and Scope) to incorporate reference to newly adopted rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities to the list of developmental disability services covered under the rules in OAR chapter 411, division 318. OAR 411-318-0000 is being amended to incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Definitions-The Department needs to amend OAR 411-318-0005 to provide consistency and streamline definitions across services. OAR 411-318-0005 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 318 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Support Services Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents individuals with complex health needs from accessing direct nursing services; and Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and OAR chapter 411, division 380 (Direct Nursing Services).</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-318-0010	<p>HCBS Services and Settings-The Department needs to amend the following rules to ensure individuals receive the rights they are entitled to under the newly adopted rules in OAR chapter 411, division 004 for home and community-based (HCBS) services and settings and person-centered service planning: OAR 411-318-0000 (Statement of Purpose and Scope); OAR 411-318-0005 (Definitions); and OAR 411-318-0010 (Individual Rights). These rules are being amended to adopt the standards for HCBS services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Direct Nursing Services-The Department needs to amend OAR 411-318-0000 (Statement of Purpose and Scope) to incorporate reference to newly adopted rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities to the list of developmental disability services covered under the rules in OAR chapter 411, division 318. OAR 411-318-0000 is being amended to incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Definitions-The Department needs to amend OAR 411-318-0005 to provide consistency and streamline definitions across services. OAR 411-318-0005 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 318 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Support Services Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCBS services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the rules in OAR chapter 411, division 380 for direct nursing services for adults with intellectual or developmental disabilities.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCBS services and settings and person centered service planning; Prevents individuals with complex health needs from accessing direct nursing services; and Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCBS Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and OAR chapter 411, division 380 (Direct Nursing Services).</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0020	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0040	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0060	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0080	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0090	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0110	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-320-0120	<p>Definitions-The Department needs to amend OAR 411-320-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-320-0020 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000. Non-Resident Children-To implement Senate Bill 659, the Department needs to amend OAR 411-320-0040 (Program Responsibilities) to coordinate services for a non-resident child, who is eligible for services in their state of residence, and visits their parent in Oregon for six weeks of the year or more. OAR 411-320-0040 is being amended to prescribe a process for CDDPs to follow when a child who is not a resident of Oregon seeks services while visiting a parent, who is a resident of Oregon, for six weeks of the year or more.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community-based services regulations. The expectation is that assessment and developmental disability service authorization should not be done by an entity that is identified to provide developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0120 (Service Planning).These rules are being amended to incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers.HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-320-0020 (Definitions); OAR 411-320-0060 (Individual Rights); OAR 411-320-0090 (Case Management Program Responsibilities); OAR 411-320-0110 (Entry and Exit Requirements); and OAR 411-320-0120 (Service Planning).These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Eligibility-The Department needs to amend the following rules to implement Senate Bill 97 and reflect changes to eligibility for developmental disability services: OAR 411-320-0020 (Definitions); OAR 411-320-0040 (Program Responsibilities); and OAR 411-320-0080 (Application and Eligibility Determination). The Department needs to amend these rules to -- Create a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation (Senate Bill</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 320 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department. These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Implement Senate Bill 659 by coordinating services for a non-resident child, eligible for services in their state of residence, who visits their parent in Oregon for six weeks of the year or more; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement Senate Bill 97 by creating a uniform eligibility rule for children that are temporarily absent from Oregon due to a parent's military obligation; Promulgate the Department's policy that individuals do not qualify on the basis of "other developmental disability" unless the individual has a full diagnosis. Individuals with a "provisional", "partial", or "rule-out" diagnosis, do not meet the full criteria; Clarify that eligibility determinations for children less than 7 years of age must be based on an early childhood assessment if the assessment is within one year of intake; and Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual. Failure to immediately update these rules -- Prevents the Department from streamlining operations, providing consistency across services, and aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR chapter 411, division 375 (Personal Support Workers); Risks non-compliance with Senate Bill 659, Senate Bill 97, the Fair Labor Standards Act, 1915(k) state plan amendment, 1915(c) waivers, and new CMS</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0010	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCBS Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0020	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCBS Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0030	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCBS Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0035	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCBS Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0060	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCB Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>
411-323-0050	<p>OAR 411-323-0050 needs to be amended to comply with ORS 181A.190; OAR chapter 125, division 007; and OAR 407-007-0200 to 407-007-0370. OAR 411-323-0050 is being amended to update statutory and rule references and allow for final fitness determinations.</p>	<p>Failure to act promptly and immediately amend OAR 411-323-0050 will result in serious prejudice to providers and the Department.</p> <p>OAR 411-323-0050 needs to be amended promptly to comply with ORS 181A.190; OAR chapter 125, division 007; and OAR 407-007-0200 to 407-007-0370.</p> <p>Failure to comply with ORS 181A.190; OAR chapter 125, division 007; and OAR 407-007-0200 to 407-007-0370 will result in the inability of the Department to make final fitness determinations.</p> <p>Failure to immediately update OAR 411-323-0050 prevents the Department from complying with statutory and rule requirements and making final fitness determinations.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-323-0050(T) 12-1	<p>OAR 411-323-0050 needs to be amended to comply with the background recheck requirements in OAR 407-007-0220.</p> <p>OAR 411-323-0050 is being amended to assure background rechecks are performed in accordance with OAR 407-007-0220.</p>	<p>Failure to act promptly and immediately amend OAR 411-323-0050 will result in serious prejudice to providers, individuals receiving services, and the Department.</p> <p>OAR 411-323-0050 needs to be amended promptly to assure background rechecks are performed in accordance with OAR 407-007-0220.</p> <p>Failure to comply will result in a risk of preventable harm to individuals with intellectual or developmental disabilities.</p> <p>Failure to immediately update OAR 411-323-0050 prevents the Department from meeting its obligation to assure the health and safety of individuals receiving services.</p>
411-323-0050 12-16-2	<p>OAR 411-323-0050 needs to be amended to comply with the background recheck requirements in OAR 407-007-0220.</p> <p>OAR 411-323-0050 is being amended to assure background rechecks are performed in accordance with OAR 407-007-0220.</p>	<p>Failure to act promptly and immediately amend OAR 411-323-0050 will result in serious prejudice to providers, individuals receiving services, and the Department.</p> <p>OAR 411-323-0050 needs to be amended promptly to assure background rechecks are performed in accordance with OAR 407-007-0220.</p> <p>Failure to comply will result in a risk of preventable harm to individuals with intellectual or developmental disabilities.</p> <p>Failure to immediately update OAR 411-323-0050 prevents the Department from meeting its obligation to assure the health and safety of individuals receiving services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0010	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0020	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0040	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0130	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0140	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0150	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0170	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0220	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0300	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0390	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0430	<p>Definitions-The Department needs to amend OAR 411-325-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-325-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-325-0010 (Statement of Purpose); OAR 411-325-0020 (Definitions); OAR 411-325-0040 (Application for Initial License); OAR 411-325-0130 (Food and Nutrition); OAR 411-325-0140 (Physical Environment); OAR 411-325-0150 (General Safety); OAR 411-325-0170 (Staffing Requirements); OAR 411-325-0220 (Individual Furnishings); OAR 411-325-0300 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-325-0390 (Entry, Exit, and Transfer); and OAR 411-325-0430 (Individual Support Plan).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 325 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and • Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); • Prevents the Department from streamlining operations to provide consistency across services; and • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-325-0020	<p>ODDS needs to temporarily amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 to align with temporary rule changes for: Independent providers in OAR chapter 411, division 375. Direct nursing services in OAR chapter 411, division 380. Case management services in OAR chapter 411, division 415. Ancillary services in OAR chapter 411, division 435. Community living supports in OAR chapter 411, division 450.</p> <p>OAR 411-317-0000 needs to be amended to: Clarify Medicaid eligibility by adopting definitions for the Children's Health Insurance Program and MAGI (Modified Adjusted Gross Income) and updating the definitions for the Office of Client and Community Services (OCCS) Medical Programs. Amend the definition for functional needs assessment to specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Incorporate the definition for the In-Home Expenditure Guidelines to provide consistency. Amend the definition of Service Agreement to clarify a Service Agreement is a component of an ISP that describes the authorized services to be delivered by a provider. Remove the definition for service level as the term is specific to community living supports and is being moved to OAR 411-450-0020.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended to remove the definition for functional needs assessment. The functional needs assessments appropriate to the specific programs in which an individual is enrolled are now included in the definition for functional needs assessment in OAR 411-317-0000. In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-317-0000 needs to be amended promptly to: Clarify Medicaid eligibility to assure equitable access to services. Specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Amending this definition will assure that the Department's functional needs assessment tools are used as intended for each program area and will not be used to set service levels in program areas they should not. Incorporate the definition for the In-Home Expenditure Guidelines. These guidelines are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking. Amend the definition of Service Agreement to assure compliance with CFR § 441.540. Remove the definition for service level as a way to assure that it is applied only to the services described in OAR chapter 411, division 450.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended promptly to remove the definition for functional needs assessment. Doing so assures consistency across programs and removes the possibility that a functional needs assessment could be used to establish a service level for services or programs the Department does not intend.</p> <p>Failure to immediately update these rule changes prevents the Department from providing consistency across developmental disabilities services and aligning with</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
<p>411-328-0550</p>	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time. Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0560	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0625	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0630	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0650	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0720	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0750	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services). These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0790	<p>Definitions The Department needs to amend OAR 411-328-0560 (Definitions) to provide consistency and streamline definitions across services. OAR 411-328-0560 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>HCB Services and Settings The Department needs to update the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-328-0550 (Statement of Purpose); OAR 411-328-0560 (Definitions); OAR 411-328-0625 (Provider Owned, Controlled, or Operated Residential Settings); OAR 411-328-0650 (Physical Environment); OAR 411-328-0720 (Individual Rights, Complaints, Notification of Planned Action, and Hearings); OAR 411-328-0750 (Personalized Plans); and OAR 411-328-0790 (Entry, Exit, and Transfer).</p> <p>These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for supported living settings that meet the definition of a provider owned, controlled, or operated residential setting: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to food at any time.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-328-0560 (Definitions); and OAR 411-328-0630 (Medical Services).</p> <p>These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 328 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), OAR 411-318-0010 (Individual Rights); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-328-0560	<p>ODDS needs to temporarily amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 to align with temporary rule changes for: Independent providers in OAR chapter 411, division 375. Direct nursing services in OAR chapter 411, division 380. Case management services in OAR chapter 411, division 415. Ancillary services in OAR chapter 411, division 435. Community living supports in OAR chapter 411, division 450.</p> <p>OAR 411-317-0000 needs to be amended to: Clarify Medicaid eligibility by adopting definitions for the Children's Health Insurance Program and MAGI (Modified Adjusted Gross Income) and updating the definitions for the Office of Client and Community Services (OCCS) Medical Programs. Amend the definition for functional needs assessment to specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Incorporate the definition for the In-Home Expenditure Guidelines to provide consistency. Amend the definition of Service Agreement to clarify a Service Agreement is a component of an ISP that describes the authorized services to be delivered by a provider. Remove the definition for service level as the term is specific to community living supports and is being moved to OAR 411-450-0020.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended to remove the definition for functional needs assessment. The functional needs assessments appropriate to the specific programs in which an individual is enrolled are now included in the definition for functional needs assessment in OAR 411-317-0000. In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-317-0000 needs to be amended promptly to: Clarify Medicaid eligibility to assure equitable access to services. Specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Amending this definition will assure that the Department's functional needs assessment tools are used as intended for each program area and will not be used to set service levels in program areas they should not. Incorporate the definition for the In-Home Expenditure Guidelines. These guidelines are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking. Amend the definition of Service Agreement to assure compliance with CFR § 441.540. Remove the definition for service level as a way to assure that it is applied only to the services described in OAR chapter 411, division 450.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended promptly to remove the definition for functional needs assessment. Doing so assures consistency across programs and removes the possibility that a functional needs assessment could be used to establish a service level for services or programs the Department does not intend.</p> <p>Failure to immediately update these rule changes prevents the Department from providing consistency across developmental disabilities services and aligning with</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0020	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0050	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0060	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0070	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0080	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-330-0110	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-308-0020 and 411-330-0020 (Definitions); and OAR 411-308-0120 and 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000, and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-308-0020 and 411-330-0020 (Definitions); OAR 411-308-0080 (Service Planning); OAR 411-308-0100 (Conditions for In-Home Support Purchases); OAR 411-308-0110 (Using In-Home Support Funds for Certain Purchases is Prohibited); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0060 (Assistance with Purchasing In-Home Supports); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds). These rules are being amended to adopt the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend the following rules to implement changes associated with the Fair Labor Standards Act: OAR 411-308-0050 (Financial Limits of In-Home Support); and OAR 411-330-0060 (Assistance with Purchasing In-Home Supports).These rules are being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-330-0020 (Definitions); OAR 411-330-0050 (Required In-Home Support); OAR 411-330-0070 (Standards for Independent Providers Paid with In-Home Support Funds); and OAR 411-330-0110 (Supports Purchased with In-Home Support Funds).These rules are being amended to -- Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20 in the family home; and Incorporate direct nursing services to support an adult with</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 308 and 330 will result in serious prejudice to -- Children and adults applying for, or receiving, in-home services; The parents, guardians, family members, and representatives of individuals receiving services; Community Developmental Disability Programs; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate private duty and direct nursing services; and Reflect changes for provider organizations certified or applying for certification according to OAR 411-340-0030.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-340-0030 (Certification for Provider Organizations); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Risks non-compliance with the Fair Labor Standards Act and new CMS standards relating to HCB services and settings and person centered service planning; and Prevents individuals with complex health needs from accessing private duty and direct nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0020	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0030	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0120	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0130	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0140	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0150	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0160	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-340-0170	<p>Definitions-The Department needs to amend the following rules to provide consistency, streamline definitions across services, and incorporate the most recent version of the In-Home Expenditure Guidelines: OAR 411-340-0020 (Definitions); and OAR 411-340-0130 (Using Support Services Funds to Purchase Supports). These rules are being amended to remove terms included in OAR 411-317-0000 (General Definitions) and incorporate the most recent version of the In-Home Expenditure Guidelines.</p> <p>Provider Organization Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-340-0020 (Definitions); OAR 411-340-0030 (Certification of Support Services Brokerages and Provider Organizations); and OAR 411-340-0170 (Standards for Provider Organizations Paid with Support Services Funds). These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; and Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-340-0020 (Definitions); OAR 411-340-0120 (Support Service Brokerage Services); OAR 411-340-0130 (Using Support Services Funds to Purchase Supports); and OAR 411-340-0140 (Using Support Services Funds for Certain Purchases is Prohibited). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Personal Support Workers-The Department needs to amend OAR 411-340-0130 (Using Support Services Funds to Purchase Supports) to implement changes associated with the Fair Labor Standards Act. OAR 411-340-0130 is being amended to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Brokerage or Department.</p> <p>Conflict Free Case Management-The Department needs to amend the following rules to incorporate guidelines for conflict free case management to align the rules with federal expectations identified in regulations associated with the 1915(k) state plan amendment, 1915(c) waivers, and the home and community...</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 340 will result in serious prejudice to -- Individuals applying for, or receiving, developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Brokerages; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate the most recent version of the In-Home Expenditure Guidelines; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Implement changes associated with the Fair Labor Standards Act by limiting payment to no more than 50 hours in a work week per personal support worker per individual; Incorporate guidelines for conflict free case management to prohibit individuals from receiving case management services from an entity that is affiliated with other direct service providers; and Incorporate private duty and direct nursing services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR chapter 411, division 323 (Agency Certification and Endorsement); 411-350-0055 (Private Duty Nursing); OAR chapter 411, division 375 (Personal Support Workers); and OAR chapter 411, division 380 (Direct Nursing Services); Prevents the Department from streamlining operations to provide consistency across services and incorporating the most recent version of the In-Home Expenditure Guidelines; Prevents the Department from assuring that only appropriately established and qualified providers deliver services; Risks non-compliance with the Fair</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0010	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0020	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0025	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0030	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0085	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0110	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0160	<p>The Department needs to amend the rules in OAR chapter 411, division 345 to -- Provide consistency across services by removing terms included in the general definitions rule, OAR 411-317-0000; Incorporate the adoption of the rules for HCB services and settings and person-centered service planning in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>The rules in OAR chapter 411, division 345 are being amended to -- Remove terms included in OAR 411-317-0000 (General Definitions); Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016. Specifically -- Employment and day services must be provided in a setting that supports access to the greater community and supports opportunities to seek employment and work in competitive integrated employment settings. Facility based prevocational settings must provide interaction with the general public. Facility based day service settings must facilitate going out into the community. Individuals must have an option to use services in a non-disability specific setting and the setting options presented must be documented in a person centered service plan.</p> <p>Align with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement. Specifically -- The Department will establish and promote a goal that all individuals who want to work in the community will be afforded an opportunity to pursue competitive employment that allows them to work the maximum number of hours consistent with their preferences and interests. CDDPs and Brokerages must encourage individuals who use services in sheltered workshop settings to choose community-based options and not sheltered employment.</p> <p>Align provider requirements. Specifically, new provider organizations must be certified as agencies under OAR chapter 411, division 323 and endorsed to provide employment services under OAR chapter 411, division 345. Providers certified under OAR chapter 411, division 340 must be certified</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 345 will result in serious prejudice to -- Individuals with intellectual or developmental disabilities; The parents, guardians, family members, and representatives of individuals with intellectual or developmental disabilities; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Ensure alignment with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Align with the terms of the Lane v. Brown proposed settlement agreement; and Align provider requirements.</p> <p>Failure to immediately update these rules prevents the Department from -- Aligning with the rules in OAR chapter 407, division 004 (Integrated Employment Services), OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning), OAR 411-317-0000 (Definitions), and OAR 411-318-0010 (Individual Rights); Streamlining operations to provide consistency across services; Complying with the new CMS standards relating to HCB services and settings and person-centered service planning; Incorporating the individual rights in OAR 411-318-0010 for individuals receiving HCB services; Aligning with Executive Order 15-01 and OAR chapter 407, division 025 (Integrated Employment Services to Individuals with Intellectual and Developmental Disabilities); Aligning with the terms of the Lane v. Brown proposed settlement agreement; and Aligning provider requirements.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-345-0020	<p>ODDS needs to temporarily amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 to align with temporary rule changes for: Independent providers in OAR chapter 411, division 375. Direct nursing services in OAR chapter 411, division 380. Case management services in OAR chapter 411, division 415. Ancillary services in OAR chapter 411, division 435. Community living supports in OAR chapter 411, division 450.</p> <p>OAR 411-317-0000 needs to be amended to: Clarify Medicaid eligibility by adopting definitions for the Children's Health Insurance Program and MAGI (Modified Adjusted Gross Income) and updating the definitions for the Office of Client and Community Services (OCCS) Medical Programs. Amend the definition for functional needs assessment to specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Incorporate the definition for the In-Home Expenditure Guidelines to provide consistency. Amend the definition of Service Agreement to clarify a Service Agreement is a component of an ISP that describes the authorized services to be delivered by a provider. Remove the definition for service level as the term is specific to community living supports and is being moved to OAR 411-450-0020.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended to remove the definition for functional needs assessment. The functional needs assessments appropriate to the specific programs in which an individual is enrolled are now included in the definition for functional needs assessment in OAR 411-317-0000. In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-317-0000 needs to be amended promptly to: Clarify Medicaid eligibility to assure equitable access to services. Specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Amending this definition will assure that the Department's functional needs assessment tools are used as intended for each program area and will not be used to set service levels in program areas they should not. Incorporate the definition for the In-Home Expenditure Guidelines. These guidelines are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking. Amend the definition of Service Agreement to assure compliance with CFR § 441.540. Remove the definition for service level as a way to assure that it is applied only to the services described in OAR chapter 411, division 450.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended promptly to remove the definition for functional needs assessment. Doing so assures consistency across programs and removes the possibility that a functional needs assessment could be used to establish a service level for services or programs the Department does not intend.</p> <p>Failure to immediately update these rule changes prevents the Department from providing consistency across developmental disabilities services and aligning with</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-346-0100	<p>Definitions-The Department needs to amend OAR 411-346-0110 (Definitions) to provide consistency and streamline definitions across services. OAR 411-346-0110 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-346-0110 (Definitions); and OAR 411-346-0190 (Standards and Practices for Care and Services).These rules are being amended to clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-346-0100 (Statement of Purpose); OAR 411-346-0110 (Definitions); OAR 411-346-0170 (Personal Qualifications of the Applicant and Foster Provider); OAR 411-346-0190 (Standards and Practices for Care and Services); and OAR 411-346-0200 (Environmental Standards). These rules are being amended to incorporate -- Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make measurable progress toward compliance with the rules in OAR chapter 411, division 004 and be in full compliance by September 1, 2018.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 346 will result in serious prejudice to -- Children receiving developmental disability services; The parents, guardians, family members, and representatives of children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate private duty nursing services; and Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and 411-350-0055 (Private Duty Nursing; Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty nursing services.</p>
411-346-0110	<p>Definitions-The Department needs to amend OAR 411-346-0110 (Definitions) to provide consistency and streamline definitions across services. OAR 411-346-0110 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-346-0110 (Definitions); and OAR 411-346-0190 (Standards and Practices for Care and Services).These rules are being amended to clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-346-0100 (Statement of Purpose); OAR 411-346-0110 (Definitions); OAR 411-346-0170 (Personal Qualifications of the Applicant and Foster Provider); OAR 411-346-0190 (Standards and Practices for Care and Services); and OAR 411-346-0200 (Environmental Standards). These rules are being amended to incorporate -- Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make measurable progress toward compliance with the rules in OAR chapter 411, division 004 and be in full compliance by September 1, 2018.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 346 will result in serious prejudice to -- Children receiving developmental disability services; The parents, guardians, family members, and representatives of children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate private duty nursing services; and Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and 411-350-0055 (Private Duty Nursing; Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-346-0170	<p>Definitions-The Department needs to amend OAR 411-346-0110 (Definitions) to provide consistency and streamline definitions across services. OAR 411-346-0110 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-346-0110 (Definitions); and OAR 411-346-0190 (Standards and Practices for Care and Services).These rules are being amended to clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-346-0100 (Statement of Purpose); OAR 411-346-0110 (Definitions); OAR 411-346-0170 (Personal Qualifications of the Applicant and Foster Provider); OAR 411-346-0190 (Standards and Practices for Care and Services); and OAR 411-346-0200 (Environmental Standards). These rules are being amended to incorporate -- Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make measurable progress toward compliance with the rules in OAR chapter 411, division 004 and be in full compliance by September 1, 2018.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 346 will result in serious prejudice to -- Children receiving developmental disability services; The parents, guardians, family members, and representatives of children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate private duty nursing services; and Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and 411-350-0055 (Private Duty Nursing; Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty nursing services.</p>
411-346-0190	<p>Definitions-The Department needs to amend OAR 411-346-0110 (Definitions) to provide consistency and streamline definitions across services. OAR 411-346-0110 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-346-0110 (Definitions); and OAR 411-346-0190 (Standards and Practices for Care and Services).These rules are being amended to clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-346-0100 (Statement of Purpose); OAR 411-346-0110 (Definitions); OAR 411-346-0170 (Personal Qualifications of the Applicant and Foster Provider); OAR 411-346-0190 (Standards and Practices for Care and Services); and OAR 411-346-0200 (Environmental Standards). These rules are being amended to incorporate -- Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make measurable progress toward compliance with the rules in OAR chapter 411, division 004 and be in full compliance by September 1, 2018.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 346 will result in serious prejudice to -- Children receiving developmental disability services; The parents, guardians, family members, and representatives of children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate private duty nursing services; and Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and 411-350-0055 (Private Duty Nursing; Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-346-0200	<p>Definitions-The Department needs to amend OAR 411-346-0110 (Definitions) to provide consistency and streamline definitions across services. OAR 411-346-0110 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-346-0110 (Definitions); and OAR 411-346-0190 (Standards and Practices for Care and Services).These rules are being amended to clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-346-0100 (Statement of Purpose); OAR 411-346-0110 (Definitions); OAR 411-346-0170 (Personal Qualifications of the Applicant and Foster Provider); OAR 411-346-0190 (Standards and Practices for Care and Services); and OAR 411-346-0200 (Environmental Standards). These rules are being amended to incorporate -- Incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services. A provider initially licensed on or after January 1, 2016 must meet the requirements in OAR chapter 411, division 004 prior to being licensed. A provider licensed prior to January 1, 2016 must make measurable progress toward compliance with the rules in OAR chapter 411, division 004 and be in full compliance by September 1, 2018.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 346 will result in serious prejudice to -- Children receiving developmental disability services; The parents, guardians, family members, and representatives of children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Incorporate private duty nursing services; and Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); and 411-350-0055 (Private Duty Nursing; Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents individuals with complex health needs from accessing private duty nursing services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0020	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0030	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0040	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCBS Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCBS services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCBS services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0050	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0055	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCBS Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCBS services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCBS services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0080	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-350-0100	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-355-0010	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-355-0030	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-355-0040	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-355-0050	<p>Definitions-The Department needs to amend the following rules to provide consistency and streamline definitions across services: OAR 411-300-0110 (CIIS Definitions); OAR 411-350-0150 (Scope of CIIS and Limitations); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-300-0110 (CIIS Definitions); OAR 411-300-0130 (CIIS Service Planning); OAR 411-300-0150 (Scope of CIIS and Limitations); OAR 411-300-0155 (Using CIIS Funds for Certain Purchases is Prohibited); OAR 411-350-0020 (MFC Definitions); OAR 411-350-0040 (MFC Service Planning); OAR 411-350-0050 (Scope of MFC Services and Limitations); OAR 411-355-0010 (MICP Definitions); OAR 411-355-0030 (MICP Service Planning); and OAR 411-355-0040 (Scope of MICP Services and Limitations). These rules are being amended to incorporate the standards for HCB services and settings and person-centered service planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p> <p>Provider Organizations-The Department needs to amend the following rules to reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030: OAR 411-300-0170 (Standards for Providers Paid with CIIS Funds); OAR 411-350-0080 (Standards for Providers Paid with MFC Funds); and OAR 411-355-0050 (Standards for Providers Paid with MICP Funds). These rules are being amended to include a provider organization certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030 to the list of provider organization that do not require additional certification as an organization to provide relief care, attendant care, skills training, community transportation, or behavior consultation.</p> <p>Private Duty Nursing-The Department needs to update the following rules to clarify the authorization and administration of State Plan private duty nursing services by MFCU: OAR 411-350-0020 (MFC</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, divisions 300, 350, and 355 will result in serious prejudice to -- Children applying for, or receiving, CIIS, MFC, or MICP services; The parents and family members of the children receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; Reflect changes for provider organizations certified or applying for certification prior to January 1, 2016 according to OAR 411-340-0030; and Include eligibility for private duty nursing services for young adults residing in the family home or a foster home.</p> <p>Failure to immediately update these rules -- Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the new CMS standards relating to HCB services and settings and person centered service planning; Prevents these rules from aligning with the rules in OAR chapter 411 division 004, OAR 411-317-0000, and OAR 411-340-0030; and Prevents young adults residing in the family home or a foster home from receiving private duty nursing services authorized and administered by the MFCU.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0010	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0020	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0050	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0055	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0060	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0130	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0140	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0170	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0190	<p>Definitions-The Department needs to amend OAR 411-360-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-360-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Private Duty and Direct Nursing Services-The Department needs to amend the following rules to incorporate private duty and direct nursing services: OAR 411-360-0020 (Definitions); and OAR 411-360-0140 (Standards and Practices for Health Care). These rules are being amended to --Clarify the authorization and administration of State Plan private duty nursing services by the Medically Fragile Children's Unit to support an individual aged 18 through 20; and Incorporate direct nursing services to support an adult with complex health management support needs as described in OAR chapter 411, division 380.</p> <p>HCB Services and Settings-The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-360-0010 (Statement of Purpose); OAR 411-360-0020 (Definitions); OAR 411-360-0050 (License Application and Fees); OAR 411-360-0055 (Provider Enrollment Agreements, Contracts, and Residency Agreements); OAR 411-360-0060 (Capacity) OAR 411-360-0130 (AFH-DD Standards); OAR 411-360-0140 (Standards and Practices for Health Care); OAR 411-360-0170 (Documentation and Record Requirements); and OAR 411-360-0190 (Standards for Entry, Transfers, Relief Care, Crisis Placements, Exit, and Closures). These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016, including the following specific qualities for provider owned, controlled, or operated residential settings: The setting is physically accessible to an individual; The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement; Each individual has privacy in his or her own unit; Units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit; Individuals sharing units have a choice of roommates; Individuals have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement; Individuals may have visitors of their choosing at any time; Each individual has the freedom and support to control his or her own schedule and activities; and Each individual has the freedom and support to have access to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 360 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability services; • The parents, guardians, family members, and representatives of individuals receiving services; • Providers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Incorporate private duty and direct nursing services; and • Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); 411-350-0055 (Private Duty Nursing); and OAR chapter 411, division 380 (Direct Nursing Services); • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the new CMS standards relating to HCB services and settings and person-centered service planning; and • Prevents individuals with complex health needs from accessing private duty and direct nursing services.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-360-0020	<p>ODDS needs to temporarily amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 to align with temporary rule changes for: Independent providers in OAR chapter 411, division 375. Direct nursing services in OAR chapter 411, division 380. Case management services in OAR chapter 411, division 415. Ancillary services in OAR chapter 411, division 435. Community living supports in OAR chapter 411, division 450.</p> <p>OAR 411-317-0000 needs to be amended to: Clarify Medicaid eligibility by adopting definitions for the Children's Health Insurance Program and MAGI (Modified Adjusted Gross Income) and updating the definitions for the Office of Client and Community Services (OCCS) Medical Programs. Amend the definition for functional needs assessment to specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Incorporate the definition for the In-Home Expenditure Guidelines to provide consistency. Amend the definition of Service Agreement to clarify a Service Agreement is a component of an ISP that describes the authorized services to be delivered by a provider. Remove the definition for service level as the term is specific to community living supports and is being moved to OAR 411-450-0020.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended to remove the definition for functional needs assessment. The functional needs assessments appropriate to the specific programs in which an individual is enrolled are now included in the definition for functional needs assessment in OAR 411-317-0000. In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-317-0000, 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-317-0000 needs to be amended promptly to: Clarify Medicaid eligibility to assure equitable access to services. Specify the functional needs assessments appropriate to the specific program in which an individual is enrolled. Amending this definition will assure that the Department's functional needs assessment tools are used as intended for each program area and will not be used to set service levels in program areas they should not. Incorporate the definition for the In-Home Expenditure Guidelines. These guidelines are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking. Amend the definition of Service Agreement to assure compliance with CFR § 441.540. Remove the definition for service level as a way to assure that it is applied only to the services described in OAR chapter 411, division 450.</p> <p>OAR 411-325-0020, 411-328-0560, 411-345-0020, and 411-360-0020 need to be amended promptly to remove the definition for functional needs assessment. Doing so assures consistency across programs and removes the possibility that a functional needs assessment could be used to establish a service level for services or programs the Department does not intend.</p> <p>Failure to immediately update these rule changes prevents the Department from providing consistency across developmental disabilities services and aligning with</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-370-0010	<p>Definitions-The Department needs to amend OAR 411-323-0020 (Definitions) to provide consistency and streamline definitions across services. OAR 411-323-0020 is being amended to remove terms included in OAR 411-317-0000 (General Definitions).</p> <p>Provider Requirements-The Department needs to amend the following rules to assure that only appropriately established and qualified providers are delivering services. These rules changes are necessary to demonstrate the state's commitment to the Employment First policy: OAR 411-323-0010 (Statement of Purpose); OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-370-0010 (Definitions for Medicaid Provider Enrollment Requirements).These rules are being amended to -- Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; and Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements.</p> <p>HCBS Services and Settings The Department needs to amend the following rules to implement the regulations and expectations of CMS for Medicaid-funded and private pay residential and non-residential HCB services and settings and person-centered service planning: OAR 411-323-0020 (Definitions); OAR 411-323-0030 (Certification); OAR 411-323-0035 (Endorsement); and OAR 411-323-0060 (Policies and Procedures).These rules are being amended to incorporate the standards for HCB services and settings and person-centered planning adopted in OAR chapter 411, division 004 by the Department on January 1, 2016.</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 323 and OAR chapter 411, division 370 will result in serious prejudice to -- Individuals receiving developmental disability services; The parents, guardians, family members, and representatives of individuals receiving services; Providers; and The Department.</p> <p>These rules need to be updated promptly to -- Remove terms included in the general definitions rule, OAR 411-317-0000; Align provider requirements associated with delivering in home attendant care and related services, and employment services, with other developmental disability services; Require an agency to obtain Medicaid certification and endorsement appropriate to each service delivered; Change the certification and endorsement periods from five to two years; Require a certified and endorsed agency to acquire a Medicaid performing provider number and meet the associated provider enrollment requirements; Align with the new CMS standards relating to HCB services and settings and person-centered service planning adopted by the Department in OAR chapter 411, division 004; and Incorporate the individual rights in OAR 411-318-0010 for individuals receiving HCB services.</p> <p>Failure to immediately update these rules -- Prevents these rules from aligning with the rules in OAR chapter 411, division 004 (HCB Services and Settings and Person-Centered Service Planning); OAR 411-317-0000 (Definitions); OAR 411-318-0010 (Individual Rights); and OAR 411-340-0030 (Certification for Provider Organizations); Prevents the Department from streamlining operations to provide consistency across services; Risks non-compliance with the Employment First Policy and the new CMS standards relating to HCB services and settings and person-centered service planning; and Prevents the Department from assuring that only appropriately established and qualified providers deliver services.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0010	<p>Definitions-The Department needs to amend OAR 411-375-0010 (Definitions) to provide consistency and streamline definitions across services. OAR 411-375-0010 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>Transportation-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0050 (Personal Support Worker Benefits and Secondary Expenses) to pay for direct travel time between individuals. OAR 411-375-0050 is being amended to comply with the Fair Labor Standards Act and Collective Bargaining Agreement to pay for direct travel time between individuals.</p> <p>Limitation on Hours Worked-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0010 (Definitions) and adopt OAR 411-375-0055 (Limitations on Hours Worked) to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department. These rules changes comply with the Fair Labor Standards Act and Collective Bargaining Agreement by limiting payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Provider Enrollment Inactivation, Termination, and Hearing Rights-The Department needs to amend the following rules to implement changes to the termination, inactivation, appeals, and hearings process: OAR 411-375-0010 (Definitions);</p> <ul style="list-style-type: none"> • OAR 411-375-0070 (Provider Enrollment Inactivation and Termination); and • OAR 411-375-0080 (Hearing Rights). <p>These rules are being amended to clarify the Department’s responsibilities in terminating and inactivating personal support worker provider enrollment including notification requirements to ensure personal support workers are given due process for actions taken by the Department. These</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 375 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability home care services; • The parents, guardians, family members, and representatives of individuals receiving services; • Case management entities; • Personal Support Workers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Implement changes associated with the Fair Labor Standards Act and Collective Bargaining Agreement regarding hours, pay, and benefits for personal support workers; and • Implement changes to the termination and inactivation procedures. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the Fair Labor Standards Act and the Collective Bargaining Agreement; • Risks providing the incorrect pay and benefits to personal support workers; • Risks not providing timely due process to personal support workers terminated or inactivated; and • Presents a risk to vulnerable individuals when there is imminent danger from a personal support worker to a current or future individual.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0050	<p>Definitions-The Department needs to amend OAR 411-375-0010 (Definitions) to provide consistency and streamline definitions across services. OAR 411-375-0010 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>Transportation-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0050 (Personal Support Worker Benefits and Secondary Expenses) to pay for direct travel time between individuals. OAR 411-375-0050 is being amended to comply with the Fair Labor Standards Act and Collective Bargaining Agreement to pay for direct travel time between individuals.</p> <p>Limitation on Hours Worked-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0010 (Definitions) and adopt OAR 411-375-0055 (Limitations on Hours Worked) to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department. These rules changes comply with the Fair Labor Standards Act and Collective Bargaining Agreement by limiting payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Provider Enrollment Inactivation, Termination, and Hearing Rights-The Department needs to amend the following rules to implement changes to the termination, inactivation, appeals, and hearings process:</p> <ul style="list-style-type: none"> • OAR 411-375-0010 (Definitions); • OAR 411-375-0070 (Provider Enrollment Inactivation and Termination); and • OAR 411-375-0080 (Hearing Rights). <p>These rules are being amended to clarify the Department’s responsibilities in terminating and inactivating personal support worker provider enrollment including notification requirements to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 375 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability home care services; • The parents, guardians, family members, and representatives of individuals receiving services; • Case management entities; • Personal Support Workers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Implement changes associated with the Fair Labor Standards Act and Collective Bargaining Agreement regarding hours, pay, and benefits for personal support workers; and • Implement changes to the termination and inactivation procedures. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the Fair Labor Standards Act and the Collective Bargaining Agreement; • Risks providing the incorrect pay and benefits to personal support workers; • Risks not providing timely due process to personal support workers terminated or inactivated; and • Presents a risk to vulnerable individuals when there is imminent danger from a personal support worker to a current or future individual.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0055	<p>Definitions-The Department needs to amend OAR 411-375-0010 (Definitions) to provide consistency and streamline definitions across services. OAR 411-375-0010 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>Transportation-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0050 (Personal Support Worker Benefits and Secondary Expenses) to pay for direct travel time between individuals. OAR 411-375-0050 is being amended to comply with the Fair Labor Standards Act and Collective Bargaining Agreement to pay for direct travel time between individuals.</p> <p>Limitation on Hours Worked-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0010 (Definitions) and adopt OAR 411-375-0055 (Limitations on Hours Worked) to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department. These rules changes comply with the Fair Labor Standards Act and Collective Bargaining Agreement by limiting payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Provider Enrollment Inactivation, Termination, and Hearing Rights-The Department needs to amend the following rules to implement changes to the termination, inactivation, appeals, and hearings process:</p> <ul style="list-style-type: none"> • OAR 411-375-0010 (Definitions); • OAR 411-375-0070 (Provider Enrollment Inactivation and Termination); and • OAR 411-375-0080 (Hearing Rights). <p>These rules are being amended to clarify the Department’s responsibilities in terminating and inactivating personal support worker provider enrollment including notification requirements to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 375 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability home care services; • The parents, guardians, family members, and representatives of individuals receiving services; • Case management entities; • Personal Support Workers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Implement changes associated with the Fair Labor Standards Act and Collective Bargaining Agreement regarding hours, pay, and benefits for personal support workers; and • Implement changes to the termination and inactivation procedures. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the Fair Labor Standards Act and the Collective Bargaining Agreement; • Risks providing the incorrect pay and benefits to personal support workers; • Risks not providing timely due process to personal support workers terminated or inactivated; and • Presents a risk to vulnerable individuals when there is imminent danger from a personal support worker to a current or future individual.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0070	<p>Definitions-The Department needs to amend OAR 411-375-0010 (Definitions) to provide consistency and streamline definitions across services. OAR 411-375-0010 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>Transportation-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0050 (Personal Support Worker Benefits and Secondary Expenses) to pay for direct travel time between individuals. OAR 411-375-0050 is being amended to comply with the Fair Labor Standards Act and Collective Bargaining Agreement to pay for direct travel time between individuals.</p> <p>Limitation on Hours Worked-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0010 (Definitions) and adopt OAR 411-375-0055 (Limitations on Hours Worked) to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department. These rules changes comply with the Fair Labor Standards Act and Collective Bargaining Agreement by limiting payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Provider Enrollment Inactivation, Termination, and Hearing Rights-The Department needs to amend the following rules to implement changes to the termination, inactivation, appeals, and hearings process:</p> <ul style="list-style-type: none"> • OAR 411-375-0010 (Definitions); • OAR 411-375-0070 (Provider Enrollment Inactivation and Termination); and • OAR 411-375-0080 (Hearing Rights). <p>These rules are being amended to clarify the Department’s responsibilities in terminating and inactivating personal support worker provider enrollment including notification requirements to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 375 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability home care services; • The parents, guardians, family members, and representatives of individuals receiving services; • Case management entities; • Personal Support Workers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Implement changes associated with the Fair Labor Standards Act and Collective Bargaining Agreement regarding hours, pay, and benefits for personal support workers; and • Implement changes to the termination and inactivation procedures. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the Fair Labor Standards Act and the Collective Bargaining Agreement; • Risks providing the incorrect pay and benefits to personal support workers; • Risks not providing timely due process to personal support workers terminated or inactivated; and • Presents a risk to vulnerable individuals when there is imminent danger from a personal support worker to a current or future individual.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0080	<p>Definitions-The Department needs to amend OAR 411-375-0010 (Definitions) to provide consistency and streamline definitions across services. OAR 411-375-0010 is being amended to remove terms included in the general definitions rule, OAR 411-317-0000.</p> <p>Transportation-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0050 (Personal Support Worker Benefits and Secondary Expenses) to pay for direct travel time between individuals. OAR 411-375-0050 is being amended to comply with the Fair Labor Standards Act and Collective Bargaining Agreement to pay for direct travel time between individuals.</p> <p>Limitation on Hours Worked-To implement changes associated with the Fair Labor Standards Act and the Collective Bargaining Agreement, the Department needs to amend OAR 411-375-0010 (Definitions) and adopt OAR 411-375-0055 (Limitations on Hours Worked) to limit payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department. These rules changes comply with the Fair Labor Standards Act and Collective Bargaining Agreement by limiting payment to a single personal support worker per individual to no more than 50 hours in a work week unless the personal support worker is delivering relief care or an exception has been granted by the Department.</p> <p>Provider Enrollment Inactivation, Termination, and Hearing Rights-The Department needs to amend the following rules to implement changes to the termination, inactivation, appeals, and hearings process:</p> <ul style="list-style-type: none"> • OAR 411-375-0010 (Definitions); • OAR 411-375-0070 (Provider Enrollment Inactivation and Termination); and • OAR 411-375-0080 (Hearing Rights). <p>These rules are being amended to clarify the Department’s responsibilities in terminating and inactivating personal support worker provider enrollment including notification requirements to</p>	<p>Failure to act promptly and immediately update the rules in OAR chapter 411, division 375 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals receiving developmental disability home care services; • The parents, guardians, family members, and representatives of individuals receiving services; • Case management entities; • Personal Support Workers; and • The Department. <p>These rules need to be updated promptly to --</p> <ul style="list-style-type: none"> • Remove terms included in the general definitions rule, OAR 411-317-0000; • Implement changes associated with the Fair Labor Standards Act and Collective Bargaining Agreement regarding hours, pay, and benefits for personal support workers; and • Implement changes to the termination and inactivation procedures. <p>Failure to immediately update these rules --</p> <ul style="list-style-type: none"> • Prevents the Department from streamlining operations to provide consistency across services; • Risks non-compliance with the Fair Labor Standards Act and the Collective Bargaining Agreement; • Risks providing the incorrect pay and benefits to personal support workers; • Risks not providing timely due process to personal support workers terminated or inactivated; and • Presents a risk to vulnerable individuals when there is imminent danger from a personal support worker to a current or future individual.

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411-375-0010	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0020	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0035	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0040	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0050	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

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411-375-0055	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-375-0070	<p>The rules in OAR chapter 411, division 375 need to be amended to:</p> <ul style="list-style-type: none"> • Update the definition for fiscal improprieties and include definitions for non-motorized transportation and worksite. OAR 411-375-0000 is being amended to include claiming payment for hours that exceed limitations in the definition for fiscal improprieties and define non-motorized transportation to be consistent with the rules for homecare workers. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers. • Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. OAR 411-375-0020 is being amended to specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. The State of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any State Employee to also be a personal support worker. • Update the statutory references for mandatory reporters. OAR 411-375-0035 is being amended to update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements. • Update payment limitations. OAR 411-375-0040 is being amended to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations. • Clarify that travel between worksites contributes to the limitation of hours. OAR 411-375-0050 is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. • Specify the legal or designated representative of an individual may be a common law employer. OAR 411-375-0055 is being amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous. 	<p>Failure to act promptly and immediately amend OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department. The rules in OAR chapter 411, division 375 need to be amended promptly to remain fiscally responsible while complying with federal Department of Labor regulations related to overtime pay. To achieve this the following is necessary: Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. Define non-motorized transportation to be consistent with the rules for homecare workers. Define worksite to provide clarification. Specify an employee of the State of Oregon may not be authorized to deliver services as a personal support worker. Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker unless the personal support worker meets specific criteria or an exception has been granted. Clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040. The rules in OAR chapter 411, division 375 need to be amended promptly to assure a high quality workforce able to safely and adequately deliver services. To achieve this the following is necessary: Include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. Update the statutory references for the responsibility of mandatory reporters to report suspected abuse. The rules in OAR chapter 411, division 375 need to be amended promptly to provide clarity for providers, case management entities, and individuals receiving developmental disabilities services. To achieve this the following is necessary: Specify</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0010	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.
411-380-0020	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0030	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.
411-380-0040	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0050	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.
411-380-0060	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0070	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.
411-380-0080	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0090	<p>The Department needs to adopt rules for direct nursing services in OAR chapter 411, division 380 to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to the Centers for Medicare and Medicaid Services (CMS) to add direct nursing services as a waived service. <p>The rules in OAR chapter 411, division 380 are being immediately adopted to establish standards and procedures for the provision of direct nursing services for individuals 21 years of age or older with intellectual or developmental disabilities and complex, long-term, medical conditions that require shift staff nursing level of supports.</p>	<p>Failure to act promptly and immediately adopt the rules in OAR chapter 411, division 380 will result in serious prejudice to --</p> <ul style="list-style-type: none"> • Individuals with intellectual or developmental disabilities eligible for direct nursing services; • Families, guardians, and representatives of individuals receiving services; • Providers; • Nurses; and • The Department. <p>These rules need to be adopted promptly to support -</p> <ul style="list-style-type: none"> • Adults with complex health management support needs in their home and in the community; and • The Department's application to CMS to add direct nursing services as a waived service. <p>Failure to immediately update these rules prevents --</p> <ul style="list-style-type: none"> • Individuals with complex health needs from accessing direct nursing services; and • The Department from having rules in place to support the Department's application to CMS to add direct nursing services as a waived service. If the Department does not have rules in place for this waived service, the Department may not get the waiver approved and would be at risk to lose federally matched funds that start upon approval of the waiver.

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0020	<p>OAR 411-380-0020 and OAR 411-380-0030 need to be amended to expand Medicaid eligibility and incorporate related definitions. OAR 411-380-0020 is being amended to include the acronym for the Office of Client and Community Services (OCCS). OAR 411-380-0030 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program.</p> <p>OAR 411-380-0060 needs to be amended to specify that background check approval is effective for two years. OAR 411-380-0060 is being amended to clarify that background check approval is effective for two years from the initial fitness determination.</p> <p>OAR 411-380-0090 needs to be amended to correct rule references. OAR 411-380-0090 is being amended to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410, not OAR chapter 411.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-380-0020, 411-380-0030, 411-380-0060, and 411-380-0090 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 380 need to be amended promptly to: Expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program. Clarify that background check approval is effective for two years from the initial fitness determination. Reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Expanding eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program and puts the Department out of compliance with the service eligibility requirements of the Centers for Medicare and Medicaid Services. Clarifying that background check approval is effective for two years from the initial fitness determination. This change is consistent with Department background check rule requirements. Failure to update this rule increases the Department risk for inconsistent interpretation of background check requirements. Correcting rule references to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensuring consistent terminology, updating statutory and rule references, correct formatting and punctuation, and improving ease of reading.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0030	<p>OAR 411-380-0020 and OAR 411-380-0030 need to be amended to expand Medicaid eligibility and incorporate related definitions. OAR 411-380-0020 is being amended to include the acronym for the Office of Client and Community Services (OCCS). OAR 411-380-0030 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program.</p> <p>OAR 411-380-0060 needs to be amended to specify that background check approval is effective for two years. OAR 411-380-0060 is being amended to clarify that background check approval is effective for two years from the initial fitness determination.</p> <p>OAR 411-380-0090 needs to be amended to correct rule references. OAR 411-380-0090 is being amended to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410, not OAR chapter 411.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-380-0020, 411-380-0030, 411-380-0060, and 411-380-0090 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 380 need to be amended promptly to: Expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program. Clarify that background check approval is effective for two years from the initial fitness determination. Reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Expanding eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program and puts the Department out of compliance with the service eligibility requirements of the Centers for Medicare and Medicaid Services. Clarifying that background check approval is effective for two years from the initial fitness determination. This change is consistent with Department background check rule requirements. Failure to update this rule increases the Department risk for inconsistent interpretation of background check requirements. Correcting rule references to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensuring consistent terminology, updating statutory and rule references, correct formatting and punctuation, and improving ease of reading.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0060	<p>OAR 411-380-0020 and OAR 411-380-0030 need to be amended to expand Medicaid eligibility and incorporate related definitions. OAR 411-380-0020 is being amended to include the acronym for the Office of Client and Community Services (OCCS). OAR 411-380-0030 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program.</p> <p>OAR 411-380-0060 needs to be amended to specify that background check approval is effective for two years. OAR 411-380-0060 is being amended to clarify that background check approval is effective for two years from the initial fitness determination.</p> <p>OAR 411-380-0090 needs to be amended to correct rule references. OAR 411-380-0090 is being amended to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410, not OAR chapter 411.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-380-0020, 411-380-0030, 411-380-0060, and 411-380-0090 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 380 need to be amended promptly to: Expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program. Clarify that background check approval is effective for two years from the initial fitness determination. Reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Expanding eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program and puts the Department out of compliance with the service eligibility requirements of the Centers for Medicare and Medicaid Services. Clarifying that background check approval is effective for two years from the initial fitness determination. This change is consistent with Department background check rule requirements. Failure to update this rule increases the Department risk for inconsistent interpretation of background check requirements. Correcting rule references to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensuring consistent terminology, updating statutory and rule references, correct formatting and punctuation, and improving ease of reading.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-380-0090	<p>OAR 411-380-0020 and OAR 411-380-0030 need to be amended to expand Medicaid eligibility and incorporate related definitions. OAR 411-380-0020 is being amended to include the acronym for the Office of Client and Community Services (OCCS). OAR 411-380-0030 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program.</p> <p>OAR 411-380-0060 needs to be amended to specify that background check approval is effective for two years. OAR 411-380-0060 is being amended to clarify that background check approval is effective for two years from the initial fitness determination.</p> <p>OAR 411-380-0090 needs to be amended to correct rule references. OAR 411-380-0090 is being amended to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410, not OAR chapter 411.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-380-0020, 411-380-0030, 411-380-0060, and 411-380-0090 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 380 need to be amended promptly to: Expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program. Clarify that background check approval is effective for two years from the initial fitness determination. Reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Expanding eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program and puts the Department out of compliance with the service eligibility requirements of the Centers for Medicare and Medicaid Services. Clarifying that background check approval is effective for two years from the initial fitness determination. This change is consistent with Department background check rule requirements. Failure to update this rule increases the Department risk for inconsistent interpretation of background check requirements. Correcting rule references to reflect payments for direct nursing services through the Oregon Health Authority are made in accordance with the rules in OAR chapter 410. Ensuring consistent terminology, updating statutory and rule references, correct formatting and punctuation, and improving ease of reading.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-415-0020	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-415-0060	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-415-0070	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-435-0020	<p>OAR 411-435-0020 needs to be amended to include a definition for community transportation as it is specific to ancillary services and remove the definition for the In-Home Expenditure Guidelines as it has been added to the general definitions in OAR 411-317-0000. OAR 411-435-0020 is being amended to include a definition for community transportation and remove the definition for the In-Home Expenditure Guidelines.</p> <p>OAR 411-435-0050 needs to be amended to include behavior support services and the qualifications for a behavior consultant that were inadvertently removed during the rule changes that became effective on June 29, 2016. OAR 411-435-0050 is being amended to include behavior support services and the qualifications for a behavior consultant.</p> <p>The Department recently received approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) waivers to expand eligibility for services. OAR 411-435-0060 and 411-435-0070 need to be amended to reflect the Medicaid eligibility criteria established in the amended waivers. OAR 411-435-0060 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program, not just OSIPM.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-435-0020, 411-435-0050, 411-435-0060, and OAR 411-435-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 435 need to be amended promptly to: Define community transportation to assure that the definition applies only to the division; Remove the definition for the In-Home Expenditure Guidelines as they are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking; Include behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. As a service available to individuals who are eligible for it, behavior support services requires administrative rules to assure equitable access, establish standards for the service in order to have provider accountability, and to establish credentials for providers of the service in order to promote quality supports. Expand Medicaid eligibility to reflect the Department's approved 1915(c) waivers. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Clarifying the definitions used for ancillary services and streamlining general definitions. Including behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. Including this service will allow the Department to support its decisions regarding eligibility for the service. It will allow the Department to determine whether the services have been</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-435-0050	<p>OAR 411-435-0020 needs to be amended to include a definition for community transportation as it is specific to ancillary services and remove the definition for the In-Home Expenditure Guidelines as it has been added to the general definitions in OAR 411-317-0000. OAR 411-435-0020 is being amended to include a definition for community transportation and remove the definition for the In-Home Expenditure Guidelines.</p> <p>OAR 411-435-0050 needs to be amended to include behavior support services and the qualifications for a behavior consultant that were inadvertently removed during the rule changes that became effective on June 29, 2016. OAR 411-435-0050 is being amended to include behavior support services and the qualifications for a behavior consultant.</p> <p>The Department recently received approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) waivers to expand eligibility for services. OAR 411-435-0060 and 411-435-0070 need to be amended to reflect the Medicaid eligibility criteria established in the amended waivers. OAR 411-435-0060 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program, not just OSIPM.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-435-0020, 411-435-0050, 411-435-0060, and OAR 411-435-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 435 need to be amended promptly to: Define community transportation to assure that the definition applies only to the division; Remove the definition for the In-Home Expenditure Guidelines as they are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking; Include behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. As a service available to individuals who are eligible for it, behavior support services requires administrative rules to assure equitable access, establish standards for the service in order to have provider accountability, and to establish credentials for providers of the service in order to promote quality supports. Expand Medicaid eligibility to reflect the Department's approved 1915(c) waivers. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Clarifying the definitions used for ancillary services and streamlining general definitions. Including behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. Including this service will allow the Department to support its decisions regarding eligibility for the service. It will allow the Department to determine whether the services have been</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-435-0060	<p>OAR 411-435-0020 needs to be amended to include a definition for community transportation as it is specific to ancillary services and remove the definition for the In-Home Expenditure Guidelines as it has been added to the general definitions in OAR 411-317-0000. OAR 411-435-0020 is being amended to include a definition for community transportation and remove the definition for the In-Home Expenditure Guidelines.</p> <p>OAR 411-435-0050 needs to be amended to include behavior support services and the qualifications for a behavior consultant that were inadvertently removed during the rule changes that became effective on June 29, 2016. OAR 411-435-0050 is being amended to include behavior support services and the qualifications for a behavior consultant.</p> <p>The Department recently received approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) waivers to expand eligibility for services. OAR 411-435-0060 and 411-435-0070 need to be amended to reflect the Medicaid eligibility criteria established in the amended waivers. OAR 411-435-0060 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program, not just OSIPM.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-435-0020, 411-435-0050, 411-435-0060, and OAR 411-435-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 435 need to be amended promptly to: Define community transportation to assure that the definition applies only to the division; Remove the definition for the In-Home Expenditure Guidelines as they are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking; Include behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. As a service available to individuals who are eligible for it, behavior support services requires administrative rules to assure equitable access, establish standards for the service in order to have provider accountability, and to establish credentials for providers of the service in order to promote quality supports. Expand Medicaid eligibility to reflect the Department's approved 1915(c) waivers. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Clarifying the definitions used for ancillary services and streamlining general definitions. Including behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. Including this service will allow the Department to support its decisions regarding eligibility for the service. It will allow the Department to determine whether the services have been</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-435-0070	<p>OAR 411-435-0020 needs to be amended to include a definition for community transportation as it is specific to ancillary services and remove the definition for the In-Home Expenditure Guidelines as it has been added to the general definitions in OAR 411-317-0000. OAR 411-435-0020 is being amended to include a definition for community transportation and remove the definition for the In-Home Expenditure Guidelines.</p> <p>OAR 411-435-0050 needs to be amended to include behavior support services and the qualifications for a behavior consultant that were inadvertently removed during the rule changes that became effective on June 29, 2016. OAR 411-435-0050 is being amended to include behavior support services and the qualifications for a behavior consultant.</p> <p>The Department recently received approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) waivers to expand eligibility for services. OAR 411-435-0060 and 411-435-0070 need to be amended to reflect the Medicaid eligibility criteria established in the amended waivers. OAR 411-435-0060 is being amended to expand eligibility for individuals receiving a Medicaid Title XIX benefit package through the OCCS Medical Program, not just OSIPM.</p> <p>In addition, edits have been made to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p>	<p>Failure to act promptly and immediately amend OAR 411-435-0020, 411-435-0050, 411-435-0060, and OAR 411-435-0070 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, division 435 need to be amended promptly to: Define community transportation to assure that the definition applies only to the division; Remove the definition for the In-Home Expenditure Guidelines as they are applicable to programs described in more than one division in OAR chapter 411. These are updated periodically. Incorporating the definition here will permit more efficient future rulemaking; Include behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. As a service available to individuals who are eligible for it, behavior support services requires administrative rules to assure equitable access, establish standards for the service in order to have provider accountability, and to establish credentials for providers of the service in order to promote quality supports. Expand Medicaid eligibility to reflect the Department's approved 1915(c) waivers. Ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.</p> <p>Failure to immediately update these rule changes prevents the Department from: Clarifying the definitions used for ancillary services and streamlining general definitions. Including behavior support services and the qualifications for a behavior consultant under the ancillary services for the Community First Choice state plan. Including this service will allow the Department to support its decisions regarding eligibility for the service. It will allow the Department to determine whether the services have been</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-450-0020	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-450-0030	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-450-0060	<p>The rules for case management services in OAR chapter 411, division 415 and community living supports in OAR chapter 411, division 450 need to be amended to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note. OAR 411-415-0020 is being amended to remove the definition for functional needs assessment and the In-Home Expenditure Guidelines. The definition for functional needs assessment and the In-Home Expenditure Guidelines is now located in the general definitions, OAR 411-317-0000. Doing so assures that both definitions will be consistently applied across multiple divisions in OAR chapter 411 where they are applicable. OAR 411-415-0060 is being amended to specify that a functional needs assessment must be completed within 45 days from the date a case management entity acquires information that the support needs of an individual may have changed significantly enough to change the current service level. Doing so will assure that individuals whose needs change are reassessed in a timely manner so services, and as appropriate service levels, can be adjusted to meet the changed needs.</p> <p>OAR 411-415-0070 is being amended to require that an ISP for community living supports be developed based on assessed need and within the service level as defined in OAR 411-450-0020 and as determined by an ANA or CNA. This will assure that services authorized are in an amount appropriate to meet individuals assessed needs and to avoid authorizing services that are not necessary as required by CFR § 441.540</p> <p>OAR 411-450-0020 is being amended to: Define Adult In-Home Support Needs Assessment, Version C (ANA-C); Adult In-Home Support Needs Assessment, Version D (ANA-D); ANA/CNA Manual, Version 2; Child In-Home Support Needs Assessment, Version C (CNA-C); Child In-Home Support Needs Assessment, Version D (CNA-D); and Service Level. Update the definition of functional needs assessment. Remove the definition for the In-Home Expenditure Guidelines. Updating these definitions will allow the Department to implement a transition from one assessment to another. The newer assessments, version D of the CNA and ANA, produce a service level that carries out the intent of the 2016 Legislative Session SB5701A Budget Note to more efficiently align service authorization with individual's needs and to incorporate appropriate limits</p> <p>OAR 411-450-0030 is being amended to require that to be eligible for community living supports, an individual must participate in a functional needs assessment and provide information necessary to</p>	<p>Failure to act promptly and immediately amend OAR 411-415-0020, 411-415-0060, 411-415-0070, 411-450-0020, 411-450-0030, and 411-450-0060 will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>The rules in OAR chapter 411, divisions 415 and 450 need to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update these rule changes prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>
411-450-0060(T) 9-15	<p>OAR 411-450-0060(T) needs to be amended to align service authorization with an individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>OAR 411-450-0060(T) is being amended to specify that all functional needs assessments conducted to renew an annual ISP that has a start date on or after November 1, 2016 must use the ANA-D or CNA-D. As adopted September 1, 2016 this rule is unclear as to which version of the ANA or CNA should be used to determine a service level for an ISP beginning November 1, 2016 or later when the ANA or CNA is conducted for the ISP before November 1, 2016.</p>	<p>Failure to act promptly and immediately amend OAR 411-450-0060(T) will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-450-0060(T) needs to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update OAR 411-450-0060(T) prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>

Rule Number	Statement of Need - Reasons for Action	Findings of Need to Act Promptly and Why A Temporary Rule was Appropriate
411-450-0060 9-15-20	<p>OAR 411-450-0060(T) needs to be amended to align service authorization with an individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>OAR 411-450-0060(T) is being amended to specify that all functional needs assessments conducted to renew an annual ISP that has a start date on or after November 1, 2016 must use the ANA-D or CNA-D. As adopted September 1, 2016 this rule is unclear as to which version of the ANA or CNA should be used to determine a service level for an ISP beginning November 1, 2016 or later when the ANA or CNA is conducted for the ISP before November 1, 2016.</p>	<p>Failure to act promptly and immediately amend OAR 411-450-0060(T) will result in serious prejudice to: Individuals applying for, or receiving developmental disabilities services. The parents, guardians, family members, and representatives of individuals receiving developmental disabilities services. Case management entities. Providers. The Department.</p> <p>OAR 411-450-0060(T) needs to be amended promptly to take action to more efficiently align service authorization with individual's needs and to incorporate appropriate limits as directed in the 2016 Legislative Session SB5701A Budget Note.</p> <p>Failure to immediately update OAR 411-450-0060(T) prevents the Department from complying with the direction provided by the Oregon State Legislature in the SB5701A Budget Note.</p>