DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 300

CHILDREN'S INTENSIVE IN-HOME SERVICES (CIIS)

EFFECTIVE FEBRUARY 28, 2017

411-300-0100 Statement of Purpose
(Amended 06/29/2016)

(1) The rules in OAR chapter 411, division 300 prescribe standards, responsibilities, and procedures for the Department to partner with families and community partners in the delivery of specialized in-home services through a combination of Community First Choice state plan services and one of three Children’s Intensive In-Home Services (CIIS) Programs.

(2) CIIS programs are comprised of three 1915(c) Home and Community-Based Services (HCBS) Model Waivers:

(a) Behavioral Model Waiver services are exclusively intended for a child with an intellectual or developmental disability with significant behaviors as indicated by the Behavior Criteria who require an ICF/ID level of care.

(b) Medically Fragile Model Waiver services are exclusively intended for a child with significant medical needs as indicated by the Medically Fragile Clinical Criteria who require a hospital level of care.

(c) Medically Involved Model Waiver services are exclusively intended for a child with significant medical needs as indicated by the Medically Involved Children's Waiver Criteria who require a nursing facility level of care.

(3) The goals of CIIS are to:

(a) Provide appropriate supports and services to ensure health and safety in the family home;

(b) Maximize independence and increase the ability to engage in a life that is fully integrated into the community; and

(c) Prevent out-of-home placement of the child.

(4) CIIS complement and supplement the services that are available through the State Medicaid Plan and other federal, state, and local programs as well as the natural supports that families and communities provide.

(5) CIIS are delivered in a setting that is in compliance with OAR 411-004-0020(1).

Stat. Auth.: ORS 409.050, 417.345
Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0110 Definitions and Acronyms
(Amended 02/28/2017)

OAR 411-317-0000 includes general definitions for words and terms frequently used in OAR chapter 411, division 300. In addition to the definitions in OAR 411-317-0000, the following definitions apply specifically to the rules in OAR chapter 411, division 300. If the same word or term is defined differently in OAR 411-317-0000, the definition in this rule applies.

(1) "ADL" means "activities of daily living".

(2) "Alternative Resources" means possible resources available for the provision of supports to meet the needs of a child. Alternative resources include, but are not limited to, private or public insurance, vocational rehabilitation services, supports available through the Oregon Department of Education, or other community supports.

(3) "Behavior Criteria" means the criteria used by the Department to evaluate the intensity of the behaviors, challenges, and service needs of a child and to determine eligibility for the ICF/ID Behavioral Model Waiver.

(4) "CDDP" means "Community Developmental Disabilities Program".

(5) "Child" means an individual who is less than 18 years of age, and applying for, or accepted for, CIIS.

(6) "CHIP" means the "Children's Health Insurance Program".

(7) "CIIS" means "Children's Intensive In-home Services". CIIS includes case management from a Department-employed services coordinator and the services authorized by the Department delivered through the following:

(a) The ICF/ID Behavioral Program.

(b) The Medically Fragile Children’s Program.

(c) The Medically Involved Children’s Program.

(8) "Clinical Criteria" means the criteria used by the Department to assess the initial and ongoing eligibility of a child for the Medically Fragile Children’s Program and their support needs.

(9) "Cost Effective" means being responsible and accountable with Department resources by offering less costly alternatives when providing choices that adequately meet the support needs of a child. Less costly alternatives include other programs available from the Department and the utilization of assistive devices, natural supports, environmental modifications, and alternative resources. Less costly alternatives may include resources not paid for by the Department.

(10) "Daily Activity Log" means the record of services provided by a paid provider to a child. The content and form of a daily activity log is agreed upon by both the parent or guardian and the services coordinator and documented in the ISP for the child.

(11) "Delegation" is the process where a registered nurse authorizes an unlicensed person to perform nursing tasks and confirms that authorization in writing. Delegation may occur only after a registered nurse follows all steps of the delegation process as outlined in OAR chapter 851, division 047.

(12) "Entry" means admission to a Department-funded service.

(13) "Exit" means termination or discontinuance of enrollment in CIIS.

(14) "Family":

(a) Means a unit of two or more people that includes at least one child who is eligible for CIIS where the primary caregiver is --

(A) Related to the child by blood, marriage, or legal adoption; or

(B) In a domestic relationship where partners share the following:

(i) A permanent residence.

(ii) Joint responsibility for the household in general, such as child-rearing, maintenance of the residence, and basic living expenses.

(iii) Joint responsibility for supporting a child when the child is related to one of the partners by blood, marriage, or legal adoption.

(b) The term "family" is defined as described above for the following purposes:

(A) Determining the eligibility of a child for enrollment into CIIS as a resident in the family home.

(B) Identifying people who may apply, plan, and arrange for individual services.

(C) Determining who may receive family training.

(15) "Family Home" means the primary residence for a child that is not under contract with the Department to provide services as a certified foster home or a licensed or certified residential care facility, assisted living facility, nursing facility, or other residential setting.

(16) "ICF/ID Behavioral Model Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in an intermediate care facility for individuals with intellectual disabilities if the waiver was not available.

(17) "ISP" means "Individual Support Plan".

(18) "Medically Fragile Model Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in a hospital if the waiver was not available.

(19) "Medically Involved Children's Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in a nursing facility if the waiver program was not available.

(20) "Medically Involved Criteria" means the criteria used by the Department to evaluate the intensity of the physical and medical challenges of a child and to determine eligibility for the Medically Involved Children's Program.

(21) "MFC" means "Medically Fragile Children". Medically fragile children have a health impairment requiring intensive, specialized services on a daily basis, who have been found eligible for MFC services by the Department.

(22) "OCCS" means "Office of Client and Community Services".

(23) "OHP" means "Oregon Health Plan".

(24) "OSIPM" means "Oregon Supplemental Income Program-Medical".

(25) "Parent" means the biological parent, adoptive parent, or stepparent of a child. Unless otherwise specified, references to parent also include a person chosen by the parent or guardian to serve as the designated

representative of the parent or guardian in connection with the provision of Department-funded supports.

(26) "Primary Caregiver" means the parent, guardian, relative, or other non-paid parental figure of a child that normally provides direct care to the child. In this context, the term parent or guardian may include a designated representative.

(27) "Private Duty Nursing" means the nursing services described in OAR 411-300-0150 that are determined medically necessary to support a child or young adult receiving MFC services in the family home.

(28) "Support" means the assistance that a child and their family requires, solely because of the effects of the qualifying disability of the child, to maintain or increase the age-appropriate independence of the child, achieve age-appropriate community presence and participation of the child, and to maintain the child in the family home. Support is subject to change with time and circumstances.

(29) "These Rules" mean the rules in OAR chapter 411, division 300.

(30) "Young Adult" means an individual aged 18 through 20.

Stat. Auth.: ORS 409.050, 417.345, 427.104
Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0120 Eligibility for CIIS
(Amended 02/28/2017)

(1) ASSESSMENT. An assessment of a child for a determination of eligibility for entry into CIIS may be requested by a services coordinator or the legal guardian.

(2) GENERAL ELIGIBILITY. In order to be eligible for CIIS, a child must --

> (a) Be under the age of 18 or under the age of 21 for young adults who meet the requirements of section (5) of this rule and are accessing private duty nursing services only.

(b) Be an Oregon resident who meets the citizenship and alien status requirements of OAR 461-120-0110.

(c) Be receiving a Medicaid Title XIX benefit package through OSIPM or the OCCS Medical Program. A child receiving CHIP Title XXI benefits is not eligible to receive supports and services through CIIS.

(d) Contribute to the cost of services pursuant to OAR 461-160-0610 and OAR 461-160-0620, for a child with excess income.

(e) Reside in the family home (except for children or young adults living in foster care who are eligible for private duty nursing services only).

(f) Be safely served in the family home. This includes, but is not limited to, a qualified primary caregiver demonstrating the willingness, skills, and ability to provide direct care as outlined in an ISP in a cost effective manner, as determined by a services coordinator, and participate in planning, monitoring, and evaluation of the services provided.

(3) ELIGIBILITY FOR ICF/ID BEHAVIORAL PROGRAM. In addition to the requirements listed in section (2) of this rule, a child must --

(a) Be determined eligible for developmental disabilities services by the CDDP of the county of origin as described in OAR 411-320-0080.

(b) Meet the ICF/IID Level of Care defined in OAR 411-317-0000.

(c) Be accepted by the Department by scoring 200 or greater on the Behavior Criteria within the two months prior to starting services and maintain a score of 200 or greater as determined annually by a reassessment.

(4) ELIGIBILITY FOR MEDICALLY FRAGILE CHILDREN'S PROGRAM. In addition to the requirements listed in section (2) of this rule, a child must --

(a) Meet the Hospital Level of Care defined in OAR 411-317-0000.

(b) Be accepted by the Department by scoring 45 or greater on the MFC Clinical Criteria prior to starting services, have a status of medical need likely to last for more than two months, and maintain a score of 45 or greater on the MFC Clinical Criteria as assessed every six months.

(5) ELIGIBILITY FOR PRIVATE DUTY NURSING SERVICES THROUGH THE MEDICALLY FRAGILE CHILDREN'S PROGRAM. A child or young adult not enrolled in the Medically Fragile Children's Program, who resides in a foster home or their family home, may be eligible for private duty nursing.

(a) To be eligible for private duty nursing, the child or young adult must --

(A) Meet the requirements listed in section (2) of this rule.

(B) Be accepted by the Department by scoring 45 or greater on the MFC Clinical Criteria prior to starting services, have a status of medical need likely to last for more than two months, and maintain a score of 45 or greater on the MFC Clinical Criteria as assessed every six months.

(b) A child or young adult residing in a foster home is eligible for only the private duty nursing services described in OAR 411-300-0150.(c) A young adult residing in a family home is eligible for only the private duty nursing services described in OAR 411-300-0150.

(6) ELIGIBILITY FOR MEDICALLY INVOLVED CHILDREN'S WAIVER. In addition to the requirements listed in section (2) of this rule, a child must --

(a) Meet the Nursing Facility Level of Care defined in OAR 411-317-0000.

(b) Be accepted by the Department by scoring 100 or greater on the Medically Involved Criteria and maintain an eligibility score of 100 or greater as determined annually by a reassessment.

(c) Require services offered under the Medically Involved Children's Waiver.

(7) EXIT. A child may be exited from CIIS in any of the following circumstances:

(a) The child is exited from case management services as described in OAR 411-415-0030.

(b) The child no longer meets the general eligibility criteria in section (2) of this rule.

(c) The child no longer meets the eligibility requirements for any of the following:

(A) The ICF/ID Behavioral Program described in section (3) of this rule,

(B) The Medically Fragile Children’s Program described in section (4) of this rule.

(C) The Medically Involved Children's Program described in section (6) of this rule.

(d) A young adult no longer meets criteria for the private duty nursing services described in OAR 411-300-0150.

(e) The Department has sufficient evidence the parent or guardian has engaged in fraud or misrepresentation, failed to use resources as agreed upon in the ISP, refused to cooperate with documenting usage of Department funds, or otherwise knowingly misused public funds associated with CIIS.

(f) The child is incarcerated or admitted to a medical hospital, psychiatric hospital, sub-acute facility, nursing facility, intermediate care facility for individuals with intellectual disabilities, foster home, or other 24-hour residential setting and it is determined the child is not returning to the family home after 90 consecutive days.

(g) At the oral or written request of a parent or guardian to end the service relationship. The services coordinator must document the request to end the service relationship in the file of the child.

(h) The child is not safely served in the family home as described in section (2)(f) of this rule.

(i) The services coordinator is not able to locate the child and their parent or guardian.

(j) The parent or guardian has not responded after 30 days of repeated attempts by a services coordinator to complete ISP development or monitoring activities, including participation in a functional needs assessment.

(k) The child does not reside in Oregon.

(8) TRANSITION DUE TO INELIGIBILITY FOR CIIS.

(a) A child who no longer meets eligibility criteria must be transitioned from CIIS no later than 30 days from the date of the assessment that determined ineligibility for the program.

(b) The CIIS program shall assist families to identify alternative resources.

(c) In the event enrollment in CIIS is ended, a written Notification of Planned Action must be provided as described in OAR chapter 411, division 318.

(9) WAIT LIST. If the maximum number of children allowed on an approved Model Waiver are enrolled and being served in the program, the Department may place a child eligible for CIIS on a wait list. A child on the wait list may access other Medicaid or General Fund services for which the child is determined eligible.

(a) The date the Department has received the initial completed application for CIIS determines the order on the wait list.

(b) A child who was previously enrolled in CIIS and currently meets the criteria for eligibility as described in section (2) of this rule, is put on the wait list as of the date the original application for CIIS was complete.

(c) The date the application for CIIS is complete is the date the Department receives the complete referral.

(d) A child on the wait list is served on a first come, first served basis as space in CIIS allows. A reassessment is completed prior to entry to determine current eligibility. A child must be --

(A) Reassessed for the ICF/ID Behavioral Model Waiver if the current assessment is more than 60 days old.

(B) Reassessed for the Medically Involved Children's Waiver if the current assessment is more than 120 days old.

(C) Newly assessed for the Medically Fragile Model Waiver.

(e) A child on the wait list is prioritized for entry into the Medically Involved Children's Waiver if the child is currently residing in a nursing facility for long-term care and the family of the child wishes the child to return home, or the child resides in the community and is at imminent risk of placement in a nursing facility. An evaluation is completed prior to entry to determine current eligibility.

Stat. Auth.: ORS 409.050, 417.345, 427.104
Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0130 Service Planning
(Repealed 06/29/2016)

411-300-0140 Rights of the Child
(Repealed 02/16/2015)

411-300-0150 Scope of CIIS and Limitations
(Amended 06/29/2016)

(1) Services available through CIIS are intended to support, not supplant, the naturally occurring services provided by a legally responsible primary caregiver and enable the primary caregiver to meet the needs of caring for a child in CIIS. CIIS services are not meant to replace other available governmental or community services and supports. All services funded by

the Department must be provided in accordance with the Expenditure Guidelines and based on the actual and customary costs related to best practice standards of care for children with similar disabilities.

(2) A services coordinator is required to provide case management and other supports described in OAR chapter 411, division 415.

(3) To be authorized and eligible for payment by the Department, all CIIS services and supports must be:

(a) Directly related to the disability of the child or young adult;

(b) Required to maintain health and safety of a child;

(c) Cost effective;

(d) Considered not typical for a parent or guardian to provide to a child of the same age;

(e) Required to help the parent or guardian to continue to meet the needs of caring for the child;

(f) Included in an approved ISP;

(g) Provided in accordance with the Expenditure Guidelines; and

(h) Based on the actual and customary costs related to best practice standards of care for children with similar disabilities.

(4) Department funds may be used to purchase a combination of the following:

(a) Ancillary services as described in OAR chapter 411, division 435;

(b) Community living supports as described in OAR chapter 411, division 450;

(c) CIIS services as described in these rules;

(d) State Plan personal care services as described in OAR chapter 411, division 034; and

(e) Private duty nursing as described in OAR chapter 410, division 132.

(5) BEHAVIOR SUPPORT SERVICES. Positive Behavioral Support Services are provided to assist individuals with behavioral challenges due to their disability, that prevent them from accomplishing ADL's, IADL's, and health related tasks. Positive Behavior Support Services include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain or enhance skills to accomplish ADL's, IADLs and health related tasks. The need for these services is determined through a functional needs assessment and the individual's goals as identified in the person centered planning process. Positive Behavioral Support Services may also include consultation to the care provider on how to mitigate behavior that may place the individual's health and safety at risk and prevent institutionalization. Services may be implemented in the home or community, based on an individual's assessed needs. All activities must be for the direct benefit of the Medicaid beneficiary.

(a) A qualified behavior consultant must:

(A) Work with the child, primary caregiver, and if applicable, caregivers to:

(i) Address the needs of the person to acquire, maintain and enhance skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living and health related tasks.

(ii) Areas of the family home life that are of most concern for the child and the parent or guardian;

(iii) The formal or informal responses the family or the provider has used in those areas; and

(iv) The unique characteristics of the child and family that may influence the responses that may work with the child.

(B) Assess the child. The assessment must include:

(i) Specific identification of the behaviors or areas of concern;

(ii) Identification of the settings or events likely to be associated with, or to trigger, the behavior;

(iii) Identification of early warning signs of the behavior;

(iv) Identification of the probable reasons that are causing the behavior and the needs of the child that are met by the behavior, including the possibility that the behavior is:

(I) An effort to communicate;

(II) The result of a medical condition;

(III) The result of an environmental cause; or

(IV) The symptom of an emotional or psychiatric disorder.

(v) Evaluation and identification of the impact of disabilities (i.e. autism, blindness, deafness, etc.) that impact the development of strategies and affect the child and the area of concern; and

(vi) An assessment of current communication strategies.

(C) Develop a variety of positive strategies that assist the primary caregiver and the provider to help the child use acceptable, alternative actions to assist the individual to develop or enhance skills to accomplish ADL/IADL and health related tasks in the safest, most positive, and cost effective manner. These strategies may include changes in the physical and social environment, developing effective communication, and appropriate responses by the primary caregiver.

(i) When interventions in behavior are necessary, the interventions must be performed in accordance with positive behavioral theory and practice as defined in OAR 411-317-0000.

(ii) The least intrusive intervention possible to keep the child and others safe must be used.

(iii) Abusive or demeaning interventions must never be used.

(iv) The strategies must be adapted to the specific disabilities of the child and the style or culture of the family.

(D) Develop a written Behavior Support Plan using clear, concrete language that is understandable to the individual, primary caregiver and the provider that describes the assessment, strategies, and procedures to be used.

(E) Develop emergency and crisis procedures to be used to keep the child, primary caregiver, and the provider safe. When interventions in the behavior of the child are necessary, positive, preventative, non-aversive interventions that conform to OIS must be utilized. The use of protective physical intervention must be part of the Behavior Support Plan for the child. When protective physical intervention is required, the protective physical intervention must only be used as a last resort and the provider must be appropriately trained in OIS.

(F) Teach the primary caregiver and the provider the strategies and procedures to be used.

(G) Monitor and revise the Behavior Support Plan as needed.

(b) Behavior support services may include:

(A) Training a primary caregiver or provider of a child on the behavior modifications and interventions identified in the BSP;

(B) Developing a visual communication system as a strategy for behavior support; and

(C) Communicating, as authorized by a parent or guardian through a release of information, with other professionals about the strategies and outcomes of the Behavior Support Plan as written in the Behavior Support Plan within authorized consultation hours only.

(c) Behavior support services exclude:

(A) Rehabilitation or treatment of mental health conditions, including but not limited to therapy or counseling;

(B) Health or mental health plan coverage;

(C) Educational services including, but not limited to, consultation and training for classroom staff;

(D) Adaptations to meet the needs of a child at school;

(E) An assessment in a school setting;

(F) Attendant care;

(G) Relief care; or

(H) Communication or activities not directly related to the development, implementation, or revision of the Behavior Support Plan.

(6) PRIVATE DUTY NURSING. If the service needs of a child or young adult enrolled in the Medically Fragile Children's Program require the presence of an RN or LPN on an ongoing basis as determined medically necessary based on the clinical criteria and the functional needs assessment of the child or young adult, private duty nursing services may be allocated to ensure medically necessary supports are provided.

(a) Private duty nursing may be provided on a shift staffing basis as necessary.

(b) Private duty nursing must be delivered by a licensed RN or LPN, who does not have limitations of service provision as defined in OAR 410-132-0080, as determined by the service needs of the child or young adult and documented in the ISP and Nursing Service Plan.

(c) The amount of private duty nursing available to a child or young adult is based on the acuity level of the child or young adult as measured by the MFC Clinical Criteria as follows:

(A) Level 1. Score of 75 or above and on a ventilator for 20 hours or more per day = up to a maximum of 554 nursing hours per month;

(B) Level 2. Score of 70 or above = up to a maximum of 462 nursing hours per month;

(C) Level 3. Score of 65 to 69 = up to a maximum of 385 nursing hours per month;

(D) Level 4. Score of 60 to 64 = up to a maximum of 339 nursing hours per month;

(E) Level 5. Score of 50 to 59 or if a child requires ventilation for sleeping hours = up to a maximum of 293 nursing hours per month; and

(F) Level 6. Score of 45 to 49 = up to a maximum of 140 nursing hours per month.

(7) All requests for expenditures exceeding limitations in the Expenditure Guidelines must be authorized by the Department. The approval of the Department is limited to 90 days unless re-authorized. A request for a General Fund expenditure or an expenditure exceeding limitations in the Expenditure Guidelines is only authorized in the following circumstances:

(a) The child is not safely served in the family home without the expenditure;

(b) The expenditure provides supports for the emerging or changing service needs or behaviors of the child;

(c) A significant medical condition or event, as documented by a primary care provider, prevents or seriously impedes the primary caregiver from providing services; or

(d) The program determines, with a behavior consultant or medical professional, that the child needs two staff present at one time to ensure the safety of the child and others. Prior to approval, the services coordinator must determine that a caregiver, including the parent or guardian, has been trained in behavior or medical management and that all other feasible recommendations from the behavior consultant or medical professional and the services coordinator have been implemented.

Stat. Auth.: ORS 409.050, 417.345
Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0155 Using CIIS Funds for Certain Purchases is Prohibited
(Repealed 06/29/2016)

411-300-0160 Scope and Limitations of In-Home Daily Care Services
(Repealed 8/1/2009 - Rule text moved to OAR 411-300-0150)

411-300-0165 Standards for Employers
(Repealed 06/29/2016)

411-300-0170 Standards for Providers Paid with CIIS Funds
(Repealed 06/29/2016)

411-300-0175 Provider Enrollment Inactivation and Termination
(Repealed 06/29/2016)

411-300-0180 Prior Authorization for In-Home Daily Care
(Repealed 8/1/2009 - Rule text moved to OAR 411-300-0150)

411-300-0190 CIIS Documentation Needs
(Amended 06/29/2016)

(1) Documentation of services provided, including but not limited to daily activity logs as prescribed by the services coordinator, must be provided to the services coordinator upon request or as outlined in the ISP and maintained in the family home or the place of business of the provider of services. The Department does not pay for services that are not outlined in the ISP.

(2) Daily activity logs must be completed by the provider for each shift worked and the responsibility to complete daily activity logs must be listed in the service agreement for the provider.

(3) Providers must maintain documentation of provided services for at least seven years from the date of service. If a provider is a nurse, the nurse must either maintain documentation of provided services for at least five years or send the documentation to the Department.

(4) Providers must furnish requested documentation immediately upon the written request from the Department, the Oregon Department of Justice Medicaid Fraud Unit, Centers for Medicare and Medicaid Services, or their authorized representatives, and within the time frame specified in the written request. Failure to comply with the request may be considered by the Department as reason to deny or recover payments.

(5) Access to records by the Department, including but not limited to medical, nursing, behavior, psychiatric, or financial records, and specifically including daily activity logs and records by providers and vendors providing goods and services, does not require an authorization for release of information by the child as applicable, or the parent or guardian of the child.

(6) CIIS services coordinators must comply with documentation requirements as described in OAR 411-415-0110.

Stat. Auth.: ORS 409.050, 417.345
Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0200 Payment for CIIS
(Repealed 06/29/2016)

411-300-0205 Rights, Complaints, Notification of Planned Action, and Hearings

(Amended 06/29/2016)

(1) INDIVIDUAL RIGHTS.

(a) The rights of a child are described in OAR 411-318-0010.

(b) Upon entry and request and annually thereafter, the individual rights described in OAR 411-318-0010 must be provided to the child as applicable, and parent or guardian of the child.

(2) COMPLAINTS.

(a) Complaints must be addressed in accordance with OAR 411-318-0015.

(b) Upon entry and request and annually thereafter, the policy and procedures for complaints as described in OAR 411-318-0015 must be explained and provided to the child as applicable, and the parent or guardian of the child.

(3) NOTIFICATION OF PLANNED ACTION. In the event services are denied, reduced, suspended, or terminated, a written advance Notification of Planned Action (form APD 0947) must be provided as described in OAR 411-318-0020.

(4) HEARINGS.

(a) Hearings must be addressed in accordance with ORS chapter 183 and OAR 411-318-0025.

(b) A parent or guardian may request a hearing as provided in ORS chapter 183 and OAR 411-318-0025.

(c) Upon entry and request and annually thereafter, a notice of hearing rights and the policy and procedures for hearings as described in OAR chapter 411, division 318 must be explained and provided to the child as applicable, and the parent or guardian of the child.

Stat. Auth.: ORS 409.050, 417.345

Stats. Implemented: ORS 417.345, 427.005, 427.007, 430.215

411-300-0210 Denial, Termination, Suspension, Reduction, or Eligibility for Services for Individual Medicaid Recipients
(Repealed 02/16/2015)

411-300-0220 Provider Sanctions for Children's Intensive In-Home Services
(Repealed 02/16/2015)