Adult Foster Home and Residential Care Facility Exception Request Guide

August 13, 2026

Understanding AFH and RCF exceptions and tier-rate methodology

Some individuals need more support than is funded by an Adult Foster Home (AFH) tier rate or the Residential Care Facility (RCF) Uniform Disclosure Statement. In these cases, the individual may qualify for an exception that allows the AFH/RCF to provide the additional staffing hours needed to meet the individual's needs. Review Oregon Administrative Rule chapter 411, division 027 for exception criteria.

This desk tool provides guidance for completing and reviewing AFH/RCF exception requests to ensure they are submitted accurately and consistently.

It is intended for:

- APD/AAA case managers (CMs)
- AFH/RCF Providers

To learn more about exceptions, provider requirements, tier rates, and rate methodology changes, review:

- ODHS – APD/AAA AFH/RCF Provider Rate Methodology Changes
- Exceptions on Case Management Tools

- ODHS APD AFH Provider Rate Methodology Change: Part 1

Accessing AFH/RCF exception documents

There are two ways to access AFH/RCF exception documents:

1. On CM Tools, select **Assessment tools** > **Exceptions**. Under **Manuals, guides and tools** > **AFH/RCF**, select **Calculator** and **Request Checklist**. Under **Forms**, select **AFH/RCF Funding Justification Worksheet (514A)**.
2. On APD AFH Licensing, select **Forms, Resources and Rules**. Under **Forms,** search and select the **Payment Exception Request Worksheet (514A)**. Under **Tools and resources**, search and select the **Exceptions calculator (514)** and the **Exceptions Checklist**.

Step 1: Calculate required staffing hours

AFHs: Use the 512 and the chart below to determine how many additional staffing hours are included with each tier level for AFH residents.

Tier	AFH Rate	AFH Additional Staff Hours	RCF Rate
Tier 1	$2,332	0	$2,863
Tier 2	$3,327	2	$3,421
Tier 3	$3,863	4	$3,979
Tier 4	$5,916	8	$4,537
Tier 5	$7,773	10	$5,172

For AFHs, all rate tiers fund one caregiver on duty 24 hours a day, 7 days a week. This is usually the provider or resident manager. Each successive AFH tier also funds a minimum number of additional caregiver hours based on the individual's needs. The AFH must provide these additional staff hours before and exception can be approved. An exception may only be approved when the individual has exceptional needs that require staffing beyond the hours already funded by the AFH tier.

AFH Providers must determine whether a resident needs additional staff hours beyond those included in the tier level before requesting an exception. Central Office (CO) may approve exception hours for overnight care when both of the following apply:

- The resident's needs prevent the AFH provider from getting at least five uninterrupted hours of sleep.

- The resident's total care needs exceed the hours covered by the consumer's assessed tier staffing hours.

RCFs: Use the Acuity-Based Staffing Tool (ABST) to determine how many additional staffing hours the consumer needs.

RCFs may be granted an exception if the individual needs a significant amount of one on one support due to behaviors or safety related concerns. Any other issue should be staffed with CO. Additional staff hours funded by tiers apply only to AFHs. RCFs are supposed to provide sufficient staff to meet the Acuity-Based Staffing Tool (ABST). RCFs must use the ABST to determine the appropriate number of direct-care staff necessary to provide care services to residents based on individual resident acuity. RCF providers review the ABST Provider Guide for more information. Exceptions are only for additional staffing needs.

AFH example:

An AFH licensee/primary care provider, Joe, has four residents in his AFH. Throughout this example, including on the 514A, the residents are primarily identified by their initials (RA, LG, BE, TN).

LG consistently needs 1:1 hands-on assistance, multiple times a day, for eating, challenging behaviors, night needs, and safety concerns.

Joe must determine if an exception request is appropriate based on the additional tier staffing hours that are already in place:

- LG receives **Tier 4** payments requiring **8 additional staffing hours.**

- RA receives **Tier 5** payments requiring **10 additional staffing hours.**
- BE receives a **Tier 3** payment requiring **4 additional staffing hours.**
- TN receives a **Tier 2** payment requiring **2 additional staffing hours.**
- **Total additional staffing hours required: 24 hours.**

Joe may only receive an exception for LG if he has additional staffing hours equaling at least 24 hours per day.

Step 2: Complete the AFH/RCF Exception Calculator (514)

Providers complete the exception calculator (AFH & RCF) to show how many exception hours an individual may need, above the tier-funded additional staffing hours (AFH only).

The AFH/RCF Exception Calculator:

- Lists exception-specific care needs that require extra staffing.
- Allows providers to specify how long and how often care is provided for each exceptional need.
- Uses the AFH tier rate when the top section (AFH/RCF Information) is complete.
- Provides space for the provider to describe why extra staff hours are needed for each care need.

Task 1: Fill out AFH/RCF information:

Example: AFH provider, Joe, completes the CBC Exception Calculator (514) with information from LG's individual service plan and facility records.

Joe fills in the top of the calculator with AFH and resident LG's information. Selecting the resident's tier level allows the correct rate to be included in the calculation. Joe selects Tier 4, which funds 8 secondary

1	**SDS 514 Adult Foster Home (AFH) Residential Care Facility (RCF) Exception Calculator**		
2	**AFH/RCF Information**		**Instru**
3	**Provider Name:**	Joe Prime	Compl
4	**Provider Number:**	523456	Enter t
5	**License Capacity:**	5	Except
6	**Case Manager:**	Buddy Case	Select '
7	**County:**	Marion	The "M
10	**Name of Resident:**	Layla Grant (LG)	Includ
11	**Prime Number:**	BA12345D	Please
12	**Select Payment Tier:**	Tier 4	
13	**Hours Funded by Tier:**	8	

care hours.

Task 2: For each qualifying exceptional ADL (Activity of Daily Living) need enter:

- Minutes per task.
- Number of times a day.

- Required number of caregivers needed.

Example: AFH provider, Joe, lists the minutes per task, how often the care happens, and how many

	ADL Care	Minutes Per Task	Number of Times a Day	Required Number of Caregivers	Daily Total Minutes of 1:1 Care	Daily Total Minutes of 2:1 Care
16	Transfer Lift				0	0
21	Toileting				0	0
22	Make Self Understood				0	0
41	Challenging Behaviors	30	8	1	240	0
42	Dressing				0	0
61	Ambulation				0	0
66	Two-Person Transfers				0	0
67	1:1 Hands On for Eating	30	3	1	90	0
72	Night Care	60	3	1	180	0
84	Eating	10	3	1	30	0
89	Safety Concern	60	2	1	120	0
94	Other Daily ADL Tasks (Select One)				0	0
99	Weekly ADL Care	Minutes Per Task	Number of Times a Week	Required Number of Caregivers	Weekly Total Minutes of 1:1 Care	Weekly Total Minutes of 2:1 Care
104	Bathing				0	0
105					0	0
106	Total in Minutes:				660	0

103	Exceptional ADL Hours Total:	8.00
110	Nighttime Hours Total:	3.00
111	Two-Person Need Hours Total:	0.00
112	Total Combined Hours:	11.0
113	Hours Funded by Tier:	8

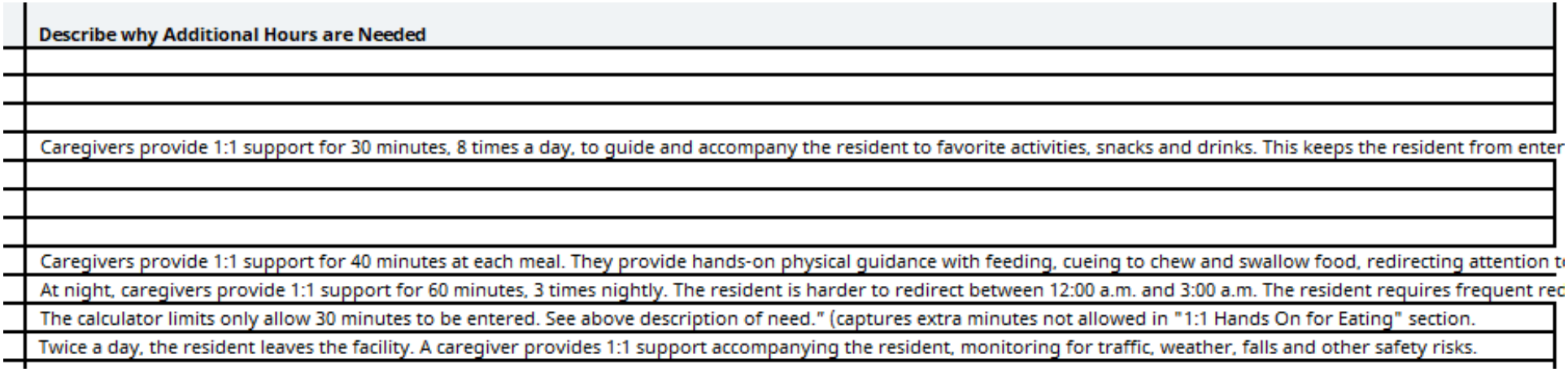
	Calculated Total Exceptional Hours (Rounded)
118	3.00

caregivers are needed for each qualifying care need. He does not include care that does not meet the exception criteria:

This means that resident, LG, may qualify for 3 exceptional/secondary care hours per day.

Task 3: Describe specific care tasks that are being provided.

Example: AFH provider, Joe, describes in the calculator the ongoing 1:1 care LG receives to show why she has exceptional care needs.



Describe why Additional Hours are Needed
Caregivers provide 1:1 support for 30 minutes, 8 times a day, to guide and accompany the resident to favorite activities, snacks and drinks. This keeps the resident from enter
Caregivers provide 1:1 support for 40 minutes at each meal. They provide hands-on physical guidance with feeding, cueing to chew and swallow food, redirecting attention t
At night, caregivers provide 1:1 support for 60 minutes, 3 times nightly. The resident is harder to redirect between 12:00 a.m. and 3:00 a.m. The resident requires frequent rec
The calculator limits only allow 30 minutes to be entered. See above description of need." (captures extra minutes not allowed in "1:1 Hands On for Eating" section.
Twice a day, the resident leaves the facility. A caregiver provides 1:1 support accompanying the resident, monitoring for traffic, weather, falls and other safety risks.

The image above is cropped to fit the page. Full text is included below for reference:

- **Challenging behaviors:** "Caregivers provide 1:1 support for 30 minutes, 8 times a day, to guide and accompany the resident to favorite activities, snacks and drinks. This keeps the resident from entering others' rooms, exiting the facility, or disrupting other residents and visitors."
- **1:1 Hands on for eating:** "Caregivers provide 1:1 support for 40 minutes at each meal. They provide hands-on physical guidance with feeding, cueing to chew and swallow food, redirecting attention to meals, repositioning the resident at the table, assisting with utensils and checking for leftover food in mouth by sweeping mouth before another bite. Meals take 40 minutes due to the individual's ability to chew and swallow."
- **Night care:** "At night, caregivers provide 1:1 support for 60 minutes, 3 times nightly. The resident is harder to redirect between 12:00 a.m. and 3:00 a.m. The resident requires frequent redirection and

accompaniment to calming activities, food, drinks, bed, or areas away from other resident rooms and exits. This prevents waking others, entering rooms, exiting the facility and attempting to confront perceived intruders."

- **Other daily ADL tasks:**
  - **Eating:** "The calculator limits only allow 30 minutes to be entered. See above description of need." (captures extra minutes not allowed in "1:1 Hands-on for eating" section).
  - **Safety Concern:** "Twice a day, the resident leaves the facility. A caregiver provides 1:1 support accompanying the resident, monitoring for traffic, weather, falls and other safety risks."

Step 3: Complete the Exception Secondary Staffing Schedule (514A)

AFH Providers complete the Exception Secondary Staffing Schedule to show how they staff the required 24-hour primary caregiver coverage and secondary (tier and exception) hours.

A complete 514A document includes:

- Primary caregiver staffing schedules.
- Secondary caregiver staffing schedules.
- Tier-funded staffing hours (determined from an individual's service assessment).
- Exceptional 1:1 or 2:1 staffing hours (requested or previously approved exception hours that exceed AFH tier-funded additional staffing hours).

Task 1: Complete the Primary Caregiver/Primary Relief Staffing section.

AFH Primary caregivers must provide 24-hour coverage. Tier-funded and exception staffing hours are additional to that coverage.

RCFs must enter all daily staff minutes, including exceptional payments and Specific Needs Contracts (SNC), into the ABST. Providers can export and print the ABST report to support exception request reviews.

AFH Example:

- Joe Prime (primary caregiver) provides care Monday through Friday.
- Ava Relief (primary relief caregiver) provides daytime care Saturday and Sunday.
- Raul Relief (primary relief caregiver) provides evening and overnight care Saturday and Sunday.
- Together, they provide 24-hour care, 7 days a week.

Joe (Prime) enters their caregiving work schedules in the Primary Caregiver/Primary Relief section of the 514A.

Exception Secondary Staffing Schedule

Example: Primary Caregiver/Primary Relief Staffing

Primary Care Staff Name	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Name:	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Joe Prime	8AM	7:59AM	8AM	7:59AM	8AM	7:59AM	8AM	7:59AM	OFF	OFF	OFF	OFF	OFF	OFF
Name:	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Ava Relief	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	8AM	5PM	8AM	7:59AM	8AM	7:59AM
Name:	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Raul Relief	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	5PM	7:59AM	8AM	7:59AM	8AM	7:59AM

Task 2: Document tier-funded and exception staffing hours on the 514A.

AFH Providers must enter all tier-funded and exception staffing hours in the daytime and/or nighttime staffing sections as applicable.

Example: Joe, the AFH provider, completes the daytime & nighttime tier-funded and exceptional care staffing sections based on resident needs. He ensures the schedule includes at least 24 tier-funded staffing hours each day, matching the total tier-funded hours calculated for all residents (Step 1, AFH example).

The CBC Exception Calculator calculated 3 hours of exceptional nighttime care for resident LG each night (Step 2, AFH example). Joe includes those 3 hours in the Nighttime Tier/Exceptional Care staffing section and schedules overnight staff to meet the needs of the other residents while ensuring he, and his primary relief workers, Ava, and Raul, each receive 5 hours of uninterrupted sleep during scheduled shifts:

- Resident, RA, occasionally needs 1-2 hours of 1:1 nighttime support due to early waking and confusion. Joe explores behavioral supports strategies, and RA's CM documents alternative approaches in OA narration.
- Because RA's overnight support needs are infrequent, they are covered within RA's tier-funded hours rather than as exceptional care. Joe continues to monitor RA's needs to determine whether exceptional care may be needed in the future.

For each worker, Joe enters the name, initials of the residents they support, and their Monday through Sunday work schedule.

Note: The example shown on the next page uses sample data. Your form may display different fields, text, or spacing based on the information entered.

Exception Secondary Staffing Schedule

Daytime Tier/Exceptional Staffing (as needed):

Secondary Care Staff	Resident Initials	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Carlos Tanaka	LG,RA,BE,TN	6am	6pm	6am	6pm	6am	6pm	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Deepak Alvarez	LG,RA,BE,TN	OFF	OFF	OFF	OFF	OFF	OFF	6am	6pm	6am	6pm	6am	6pm	6am	6pm
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Amina Diallo	LG,RA,BE,TN	6am	8pm	OFF	OFF	OFF	OFF	6am	8pm	6am	8pm	OFF	OFF	OFF	OFF
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Priya Patel	LG,RA,BE,TN	OFF	OFF	6am	8pm	6am	8pm	OFF	OFF	OFF	OFF	6am	8pm	6am	8pm

Exception Secondary Staffing Schedule

Nighttime Tier/Exceptional Care Staffing (if applicable):

Secondary Care Staff	Resident Initials	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Jeffrey Lewis	LG,RA	12am	5am	12am	5am	12am	5am	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Bianca Petrov	LG,RA	OFF	OFF	OFF	OFF	OFF	OFF	12am	5am	12am	5am	OFF	OFF	OFF	OFF
Name:	**Initials:**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Miguel Hernandez	LG,RA	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	12am	5am	12am	5am

Together, the daytime and nighttime secondary staffing schedules reflect at least 27 (tier-funded and exception) secondary staffing hours per day. This staffing example exceeds 27 hours; see page 10 for details.

Task 3: AFH/RCF providers must complete and sign the 514A.

Providers sign and date the 514A to confirm they understand the exception requirements and that they entered an accurate schedule.

Example: AFH Licensee, Joe, reads through the certification, and then signs and dates the 514A.

Certification and Signature:

I certify that the staffing identified, and caregiving tasks as described in the request or as previously approved for a hold harmless renewal are true and accurate as of the date of completion. I understand and agree that:

- The request is not complete until all required items have been submitted, reviewed and approved by the Oregon Department of Human Services (ODHS) Aging and People with Disabilities (APD) Central Office (CO).
- Failure to provide accurate information or all required items may result in denial of the request.
- All exception hours approved by ODHS APD CO shall be staffed as funded by the exceptional payment(s).
- Staff funded by exceptional payment(s) shall be paid in accordance with all local, state and federal employment requirements. Select Bureau of Labor Industries (BOLI) for more information.
- Payroll documentation for staff funded by exceptional payment(s) shall be maintained and provided upon request by the Department.
- Exception hours for one resident are not simultaneously used for another resident.
- Failure to meet exception certification requirements may result in reduction or termination of exceptional funding.
- If approved, failure to provide residents the funded exceptional hours may result in an investigation by Oregon's Medicaid Fraud Unit.

Licensee/Administrator Printed Name: Joe Prime

Licensee/Administrator Signature: X Joe Prime Date: 05-27-2026

Step 4: Completing the AFH/RCF exception request

Before Central Office makes an exception decision, case managers must submit a complete exception referral to the local office leadership that includes:

- ABST Report (RCF only).
- CBC Exception Calculator (514).
- Exception Secondary Staffing Schedule (514A).
- Payroll records showing the provider staffing all hours required by resident tier-levels and approved/requested exceptions.

Provider role in completing the exception request:

- RCF providers export and print the ABST report which includes staffing used to support the exception request.
- Gather the 514, 514A, payroll records and supporting documents.
- Review the Exceptions Checklist and ensure all necessary documentation is submitted.
- Payroll records must support:
  - Tier-funded staffing hours.
  - Approved exception staffing hours, if applicable.
  - Payments must show hours worked and taxes withheld, not salary pay.
  - 1099's are **not** acceptable payroll verification.
- Acceptable payroll records must include per Oregon Revised Statute 652.610):

  - The date of the payment;
  - The dates of work covered by the payment;
  - The name of the employee;
  - The name and business registry number or business identification number;
  - The address and telephone number of the employer;
  - The rate or rates of pay;
  - Whether the employee is paid by the hour, shift, day or week;
  - Gross wages;
  - Net wages;
  - The amount and purpose of each deduction made during the respective period of service that the payment covers;
  - Allowances, if any, claimed as part of minimum wage;
  - The regular hourly rate or rates of pay, the overtime rate or rates of pay, the number of regular hours worked and pay for those hours, and the number of overtime hours worked and pay for those hours.
- Supporting facility records may include:
  - RCF Uniform Disclosure Statement.
  - The individual's facility service plan or care plan and progress notes.
  - The individual's medical records.

- The individual's Behavioral Support Services (BSS) plan completed by a department-contracted BSS specialist if the request is based on behavior needs.

CM Role in completing the request:

- Document in OA narration the date the exception request was received from the provider.
- Review the exception request documents for completeness:
  - Do not accept payroll records that do not document all required staffing hours.
  - Do not accept 514 & 514A documents that are incomplete.
  - If payroll or required forms are missing or incomplete, notify the provider in writing and request the missing information.
- Ensure the assessment/reassessment completed matches the individual's exception needs.
  - If these needs don't match, a new assessment may be necessary.
- Verify that the requested tasks do not violate resident rights (restraints, medication refusals, etc.).
  - Pursue an Individually Based Limitation (IBL) for any restriction of Home and Community Based Care (HCBS) rights.
- Document your discussion with the provider and the individual about other ways to meet the individual's needs while supporting their independence and choice.
- Include the exception request type in the email subject line when sending the exception request to local office leadership for review:
  - New, renewal, renewal with increase, hospital discharge, urgent home closure (or other urgency reason) or nursing facility transition/diversion.

Resources

Providers can access the following resources regarding payroll and small business requirements in Oregon:

- Bureau of Labor and Industries website
- IRS Small business and self-employed tax
- United States Small Business Administration

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.ltss@odhs.oregon.gov or at **503-945-5600** (voice/text). We accept all relay calls.