

Developmental Disabilities Services

March 26, 2026

To: Community members, partners, and providers

From: Christina Hartman, Administrative Rules Coordinator

Subject: Hearing report – rulemaking about quality improvements for agencies, residential providers, and standard model agencies (411-323, 325, 328, 450)

Overview

The Oregon Department of Human Services (ODHS), Office of Developmental Disabilities Services (ODDS) invited the public to comment on proposed changes to the rules in:

- OAR chapter 411, division 323 about agency certification and endorsement to deliver developmental disabilities services in community-based settings.
- OAR chapter 411, division 325 about 24-hour residential programs and settings for children and adults with intellectual or developmental disabilities (I/DD).
- OAR chapter 411, division 328 about supported living programs for adults with I/DD.
- OAR chapter 411, division 450 about community living supports, including standard model agencies.

These rules are being updated to:

- Implement quality improvement strategies and [Senate Bill 136 \(2025\)](#), [Senate Bill 1521, Section 5 \(2024\)](#), and the [United States Code, Title](#)

[42, Section 1396\(a\)\(68\)](#) to ensure providers meet set standards to adequately meet the needs of people receiving services, improving their health, safety, and well-being.

- Stop waste and misuse of Medicaid funds by ensuring services are delivered as intended.

Date of hearings: Dec. 15, 2025

Comment period: Nov. 17, 2025 – Dec. 23, 2025

ODDS received testimony at the rulemaking hearing from:

- Sara Lambert, Provider
C&S Adult Foster Care
- Sarah Swenson, Executive Policy, Funding, & Project Strategist
Partnerships in Community Living
- Eliza Leah
Oregon Heart and Home
- Danya Ochoa
Ability Training Services

The hearing transcript is attached as **Exhibit 1**.

ODDS received written comments from:

Exhibit 2: 

Exhibit 3: Alice Longley Miller
SEIU Local 503

Exhibit 4: Eliza Leah
Oregon Heart and Home

Exhibit 5: Sarah Swenson, Executive Policy, Funding, & Project Strategist
Partnerships in Community Living

Summary of feedback and ODDS response

Thank you for your comments. Your input is valued and appreciated.

All comments were reviewed and given equal consideration before proceeding with permanent rulemaking.

ODDS **did not** make changes to the proposed rules as a result of the public comments. ODDS' response to feedback is included below.

ODDS received:

- A policy justification brief about allowing and funding indirect instrumental activities of daily living (IADL) and case management services for autistic adults. Shifting from uniform restrictions to a flexible service delivery model that includes funding for indirect supports promotes autonomy and self-determination; reduces executive function burdens; enhances daily functioning; improves service access and continuity of care; reduces stress, anxiety, and sensory overload; prevents crises in housing, healthcare, and benefits; supports the entire care ecosystem; and aligns with federal and rights-based frameworks.
- A personal perspective about why neurodivergent adults may need indirect support at higher rates instead of direct face-to-face support. Indirect support has resulted in decreased support hours and reduced stress and anxiety; improved quality of life; and increased confidence, autonomy, time engaging in the community, and ability to focus on goals, health, and everyday life. The rule changes increasing agency accountability and requiring line of sight presence to verify billable hours uses individuals as a mechanism for ensuring compliance. Excessive direct support is also socially and cognitively draining, disrupts daily life, and can feel like surveillance. Requests that flexible service delivery models with indirect supports continue. Limiting these options risks undermining dignity and repeating historical patterns of making decisions about and for individuals without their input and consent.

Response: Thank you for the comments. The policy justification and personal perspective were shared with the supported living policy specialist.

ODDS also received the following feedback on proposed changes to:

- OAR chapter 411, division 323 about agency certification and endorsement to deliver developmental disabilities services in community-based settings.
- OAR chapter 411, division 325 about 24-hour residential programs and settings for children and adults with intellectual or developmental disabilities (I/DD).
- OAR chapter 411, division 450 about community living supports, including standard model agencies.

411-323 Agency Certification and Endorsement

OAR 411-323-0020 Definitions and Acronyms for Agency Certification and Endorsement.

Comment: Clearly define direct solicitation. There is some confusion about implementation.

Response: ODDS does not agree that the definition is unclear. Please contact ODDS for clarification about a specific concern.

OAR 411-323-0029 Medicaid Agency Executive Director Orientation

Comment: Having the orientation expire after 12 months is unreasonable and creates unnecessary hardship for prospective providers for events out of their control, such as licensing moratoriums and application processing delays. Extend the validity two to five years or remove expiration entirely.

Response: Thank you for your suggestion. The intent of this requirement is that new executive directors have knowledge of current ODDS service requirements. The role of Executive Director is assumed through the application process and doesn't require active operation. If ODDS systems knowledge is current, variances may be appropriate

for situations where a delay in application processing causes a credential to lapse.

OAR 411-323-0033 Agency Administrative Sanctions

Comments: Establish stricter penalties on agencies that fail to meet minimum care or operating standards, especially those that falsify application information. Suggests a minimum five-year ban with the option of permanent exclusion for severe or repeated misconduct.

Deny or revoke a certificate or endorsement when any person with an ownership interest has unpaid taxes or a tax fraud conviction.

Increase the ban for Medicaid-related crimes from 10 to 25 years.

Response: ODDS appreciates the comments and will consider changes to administrative sanctions in future rulemaking or in response to legislative direction.

Comments: Revise section (2)(c)(C) to require a pattern of unaddressed or repeated findings of abuse, neglect, or exploitation before attaching a condition. The current language establishes a zero-tolerance policy that punishes honest reporting and conflicts with the focus in [Senate Bill 136](#) (2025) on egregious or persistent failures.

Update section (2)(c)(H) to specify that conditions apply only when substantiated findings of abuse, neglect, or mistreatment disqualify staff under the state criminal record or background check standards, or when the agency fails to implement corrective action and monitoring. The current language requires termination for any substantiated finding regardless of severity or remediation.

Response: The language in the rule includes "may" meaning it does allow discretionary authority. Conditions are not required but are an option to be imposed when appropriate.

Comment: Revise section (3)(b)(j) to include specific criteria for “unacceptable levels of risk” in a business plan that would lead to denying or revoking an agency’s certificate or endorsement.

Response: The rule specifies an unacceptable level of risk may jeopardize an individual's safety or residential setting.

OAR 411-323-0055 Agency Operating Standards

Comments: The current rule does not clearly define agency responsibilities or how staffing and fiscal data will be collected, verified, or used, leaving ODDS without the tools to ensure accountability.

Require timely cost reporting with specific data elements to meet the intent of [Senate Bill 1548](#) (2022) which mandates rules for fiscal transparency and alignment between rates and spending to confirm that rate increases for wages and benefits reach workers.

Response: Thank you for the comments. The internal business processes associated with ODDS’ handling of the fiscal transparency data are not appropriate for administrative rule. The function of the rules are to compel providers to submit the data and give ODDS the authority to levy civil penalties if they do not.

Comment: The staffing survey in section (6) should require that all provider types report the same core staffing data to effectively monitor and evaluate workforce trends, as required by [Senate Bill 1521](#) (2024). Current variations in data requirements by service model limit transparency and undermine meaningful oversight. Consistent reporting is essential for accountability, informed decision-making, and long-term system stability.

Response: The requirement applies to all certified agencies.

Comment: Revise the annual report in section (7) to exempt nonprofits from duplicative reporting and clarify which data elements are not captured by existing systems. Administrative functions are underfunded in the current rate model, and the new requirements add uncompensated work without identifying funding even though similar information is already collected through National

Core Indicators (NCI) and filings with Institutional Revenue Services. These expectations conflict with the federal Medicaid Access Rule by increasing overhead burdens while expecting providers to prioritize spending on direct care compensation.

Response: The rule requirement does not specify the manner in which the report must be made to the Department.

Comment: Clarify the language in section (17)(b) to specify agency-wide bonuses may be included.

Response: The rule language permits agency-wide recruitment or retention incentives when they are offered on the same terms to all staff. This includes agency-wide bonuses. The rule specifically prohibits agencies from offering incentives in exchange for a direct support professional or personal support worker ending their current employment to work for the agency.

Comment: Update section (17)(c) to prohibit agencies from requiring individuals to allocate any portion of their service level in order to enroll, removing the current language of “at least half”. Individuals should be able to direct all of their own services.

Response: The language in this section comes from [Senate Bill 1521](#) (2024), which references “a majority of the client’s assessed hours”.

411-325 24-Hour Residential Programs and Settings

OAR 411-325-0030 Issuance of a License

Comment: The criteria for prioritizing applications in section (3) is counterintuitive to the state’s desired outcome of helping minority businesses be successful.

Response: The language under section (3)(b) establishes criteria addressing this issue that can be applied broadly to include cultural, linguistic, and other characteristics of underrepresented populations when necessary for individual access to services.

OAR 411-325-0120 Medical Services

Comment: Section (2)(c) clarifies that a provider must implement the order of a physician or qualified health care provider “if the individual is willing”. Include the provider’s responsibility when an individual is not willing to avoid negligence.

Response: The language does need to be clarified. However, adding more responsibilities for providers would be considered a substantial change and can’t be made at this point of the rulemaking process. The need to update this language in future rulemakings has been noted.

OAR 411-325-0170 Staffing Requirements

Comment: Update section (4) to use person-centered language when referring to staffing ratios. Homes don’t have staffing ratios. The exceptional rate and staffing ratios apply to the individuals’ receiving services, not the home.

Response: ODDS appreciates the comment and agrees that person-centered language is important. Future rulemaking will attempt to improve upon this.

Comment: The language in section (5) about program supervisor requirements for homes delivering services to children is overly rigid, not clearly defined, and doesn’t reflect the flexibility discussed during the Rule Advisory Committee meetings.

- Prioritizing length of experience over knowledge and competency doesn’t ensure a program supervisor understands. High quality targeted training is a more reliable indicator of readiness.
- May trigger higher wages to comply with pay equity standards that weren’t acknowledged in the fiscal impact, requiring agencies to increase supervisory wages without corresponding rate adjustments.
- Risks increasing recruitment and retention challenges without improving outcomes, forcing agencies to restructure supervision models and exclude otherwise capable supervisors who could be prepared through targeted training.

- Disproportionately impacts smaller providers, rural agencies, and culturally specific organizations that rely on internal advancement, community-based hiring, and training-driven workforce development.
- Risks reducing service availability, increasing vacancies, and limiting culturally responsive and geographically accessible options for children with I/DD.

Recommendations:

- Replace the experience requirement with mandatory training specific to supporting children and ongoing professional development.
- If the experience requirement stays, include a clause allowing current supervisors who are effectively supporting children to continue in their roles while completing any new training requirements.

Response: ODDS feels this is an important safeguard for children receiving residential support. If it is shown over time that this requirement is inadequate to safeguard children, changes to the requirement will be considered.

OAR 411-325-0390 Entry, Exit, Transfer, and Closure

Comment: For section (3)(h), case managers – not the provider - should conduct the screening and complete any required forms to assure an individual’s service needs do not exceed the provider’s capability.

Response: ODDS feels this requirement is the provider’s responsibility and does not represent a change from previous expectations. Previous rule language stated, “A provider retains the right to deny entry of any individual if the provider determines the support needs of the individual may not be met by the provider or for any other reason not specifically prohibited by these rules.” This implies an expectation that providers screen potential residents.

411-450 Community Living Supports

OAR 411-450-0080 Minimum Standards for Provider Agencies

Comment: Section (19)(k) requiring detailed documentation for every occurrence of medication management support:

- Imposes an excessive and impractical documentation burden for routine supports such as reminders, prompts, or coaching.
- Creates substantial non-billable staff time not included in the fiscal impact.
- Adds increased and compounded supervisory and administrative overhead not funded under the current rate model.
- Disproportionately impacts providers serving individuals who rely on frequent medication reminders. Especially smaller, rural, and culturally specific agencies without electronic systems capable of capturing high-frequency documentation without additional staffing.
- Discourages agencies from offering medication reminders altogether, reducing access to supports that help individuals remain safe and independent at home.

Recommendation: Allow routine medication supports, such as reminders or prompts (including text reminders), to be addressed in Individual Support Plans rather than documenting every occurrence. Require documentation only for exceptions, concerns, or changes in status.

Response: Support with medication is an activity of daily living and as such must be documented to demonstrate that it was provided. Medication errors have the potential to result in significant harm. A provider who has been engaged to support a person with medication administration has an obligation to document support was provided. It is not the intent to reproduce the expectations of a residential setting. If needed, changes will be considered for future rulemaking.

OAR 411-450-0090 Standard Model Agency Requirements

Comment: Include an enforceable requirement for standard model agencies to provide backup care. Earlier draft language addressed this responsibility, but it was removed due to concerns about enforceability. Ensuring continuity of services through backup staffing is a core obligation of standard model agencies and should be clearly defined and enforceable.

Response: The requirement to create an individualized backup plan applies to all agencies delivering community living supports (except day support activities) and is included in OAR 411-450-0080(11)(c). This change was included in the rulemaking for Employer Model Agencies that became effective on January 1, 2026.

Comment: Section (4) about involuntarily exiting an individual due to the loss of a direct support professional should require proactive counseling, the presentation of multiple direct support professional options, and documented efforts to resolve challenges.

Response: ODDS appreciates the comment. The circumstances surrounding the loss of a direct support professional can be myriad. The requirement is left somewhat broad to accommodate them.

Comment: Section (5) about standard model agencies supporting a direct support professional's access to paid training and certification in ODDS-approved behavior intervention curriculum should include taking the training on paid time.

Response: It is beyond the scope of this rulemaking to dictate an agency's policy about employee reimbursement. Providers are expected to follow applicable wage and hour laws.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Christina Hartman at christina.hartman@odhs.oregon.gov or 971-413-4225. We accept all relay calls.

ODDS Rule Hearing Transcript

December 15, 2025

Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies (411-323, 325, 328, 450)

Christina Hartman

Alright. This hearing is now in session and is being recorded to maintain a permanent record. My name is Christina Hartman and I am the hearing officer designated by the Oregon Department of Human Services, Office of Developmental Disabilities Services, to conduct today's hearing.

Today is **December 15, 2025**, and the time is **11:09 a.m.**

While I have my camera off, if anybody is more comfortable having their camera on, I will join you.

So, the purpose of this hearing is to provide an opportunity for the public to comment on the proposed rule changes to chapter 411, divisions 323, 325, 328, and 450 to implement quality improvement strategies for agencies, residential providers, and standard model agencies.

You are also invited to comment on whether other options should be considered for achieving the rules goals while reducing the negative economic impact on businesses.

All comments must be directed to the hearing officer. I will not respond to questions during the hearing, but please stay after the hearing so I can help you.

In addition to providing comments at this hearing, written comments may be submitted until the close of the public comment period on December 23, 2025, at 11:00 p.m. Comments received after that time will not be reviewed or considered unless ODDS decides to extend the public comment period for everyone.

I will begin taking comments now. Please place yourself on mute until I call on you to testify. Are there any questions about how the hearing will be conducted?

Oh, so maybe I can't hear you guys. Yikes. Okay, give me just a second.

Can somebody speak and see if I can hear you, please?

Pamela Redding

Hello, can you hear me?

Christina Hartman

Yay, I can. I'm so sorry about that, everyone.

Did you all hear my speech okay?

Pamela Redding

Yes.

Christina Hartman

Okay. Alright. Well, let's go ahead and get started then.

Sara, would you like to join us? Please unmute yourself and state your name for the record as well as any organization that you represent and then go ahead and share your comments.

Sara Lambert

Which Sara? Wasn't there two of us?

Christina Hartman

I just realized that. Sara Lambert, you're, you're up.

Sara Lambert

Alright, thank you. My name is Sara Lambert. I am a provider of CNS adult foster care, and I wanted to comment on two sections today.

The first one would be OAR 411-325-0120, clarifying a provider must implement the order of a physician or qualified health care provider only if the individual is willing.

My comment about that is. Yes, I completely understand the individual should have autonomy about their medical care and willingness to participate, but I would suggest that something is written in that also protects the executive directors, resident managers, and staff, so that it's very, very, clearly written and understood that that is the individual's wishes so that it doesn't, you know, blow back as like neglect on the support staff. So, that that's my comment on that one.

And then my second comment is for OAR 411-323-0029(4) where it talks about a person who successfully completes the orientation must assume the position of executive director of an agency within one year of completing the orientation

and failure to assume the role of executive director within a year of completing the orientation renders the orientation for the person void.

My comment for that is. I don't feel like that is fair. Especially in the case that some approvals have been taking, you know, up to 18 months.

So, I would recommend that the Department rethink that one and maybe extend the timeline out to two years or further to accommodate for the licensing time that it takes.

And that's all my comments. Thank you.

Christina Hartman

Thank you, Sara.

Sarah Swenson, would you like to go ahead and testify?

Sarah Swenson

Yes, please. Thank you.

I have several concerns. We'll start with the agency operating standards. About the provider agency may not offer bonus payments, prizes, wage enhancements, etc.

Our concern is that this needs to be more specific and previous conversation has reflected that this would be narrowed down to reflect that it does not include agency-wide bonuses. So, reflecting that a provider agency may not offer bonus pay payments, prizes, wage enhancements, etc. to a specific direct support professional or personal support worker at another agency that does not apply equally to all new hires. So that really needs to be narrowed in scope. Otherwise, it, it, reads in a way that prevents bonuses agency-wide even though that's really not the intention of the rule. It is specific to those targeted bonuses.

My other concern. Sorry, I'm scrolling down through all of my notes.

And this is kind of a simple one. It's just a person centered language and that under the staffing requirements for 24-hour residential programs and settings that discuss each home must meet all requirements for staff ratios as specified by contract requirements... and just being specific that homes don't have staffing ratios, people do. That it is about the exceptional rate and meeting the staffing ratios for the exception for people not homes.

Then, also under staffing requirements for 24-hour residential programs. That. We continue to have significant concerns about the experience requirement for program supervisors even in the children's homes.

Yes, that would be nice. We agree it would be wonderful to be able to require two years of experience providing support to children but that's just not our reality and our, our rate model already is not fully funded. Adding experience requirements also then impacts pay equity laws and the way that pay equity is scored on positions and then potentially needing another wage enhancement for those supervisors because there's additional experience requirements. And it's almost, as if, like the systems don't understand. The policy writing doesn't understand the other requirements and systems that we have to follow and it's not being funded.

So, while we agree that it's a really important thing and would be very nice. It's just not our reality today and also you would need to fund it. We would ask that there be funding to be able to allow for an experience requirement to be added to a position.

And the next is around entry, exit, transfer, and closures of 24-hour homes. And there was a reference to a form created by the Department prior to entry, a provider must demonstrate understanding of the support needs, etc.

Our recommendation would be to increase the due diligence for case management to help people choose and ensure a provider is able to provide for their level of support. That this would not be a required form that the provider is submitting, but that it would be a required screening tool for CMEs.

And I believe that is all of my comments today. Thank you.

Christina Hartman

Thank you, Sara. Were you representing an organization today? I'm sorry I forgot to...

Sara Swenson

I'm sorry. Yes. I'm representing Partnerships in Community Living.

Christina Hartman

Okay. Thank you, Sara.

Okay, next we have Eliza. Hopefully I'm saying that right.

Eliza, please unmute and state your name for the record as well as any organization that you represent before sharing your comments.

Eliza Leah

Hi. This is Eliza. Can you hear me okay?

Christina Hartman

I can. Yes. Thank you.

Eliza Leah

Great. My comment is centered around 411-323-0029. Medicaid agency executive director orientation part 4.

This here at the orientation cost was \$1,200 with the approved provider. Adding an expiration limit to this orientation is unreasonable and would create unnecessary hardship for prospective applicants due to events out of a person's control. Both the moratoriums and the licensing application processing delays have contributed toward delaying applications for well over a year.

I'm wondering why this needs to expire in 12 months and since the orient, the orientation materials doesn't change or won't change significantly. The applicant passes their required tests. Why can't this be extended for 3 years, 4 years, 5 years?

My comment basically revolves around this 12 month expiration.

I think it's an unnecessary cost that can be looked at again.

Thank you.

Oh. And I, my name is Eliza Leah and I'm just representing myself.

Christina Hartman

Thank you, Eliza. Is there anyone else that is wanting to provide comments?

Alright, I'm going to plug some information in the chat for you. If you have questions about the rule text, you can contact Mike Parr and his email is in the chat as well as a link to the proposed rules.

I'll ask again if anybody is wanting to provide comments? or is there any questions about the rulemaking process?

Sarah Swenson

Can you remind me? Oh, never mind. It just went into the chat. The public comment period. Thank you.

Christina Hartman

No problem.

Christina Hartman

Okay. Alright. Well, thank you for participating and providing your comments. Your participation and input is valued and appreciated. All comments will be reviewed by ODDS and documented in a hearing officer's report prior to proceeding with permanent rulemaking. I will send the hearing officer's report to everyone that registers or attends this hearing or provides written comments.

While you're welcome to stay on, I'm going to stay on until 11:30 just to make sure that no one else joins us and wants to provide comments. Otherwise, thank you again and let me know if you need anything.

Hearing adjourned at 11:30 a.m.

Christina Hartman

Alright, here we go again. This hearing is now in session and is being recorded to maintain a permanent record.

My name is Christina Hartman, and I am the hearing officer designated by the Oregon Department of Human Services, Office of Developmental Disabilities Services, to conduct today's hearing.

Today is December 15, 2025, and the time is 5:39 p.m.

The purpose of this hearing is to provide an opportunity for the public to comment on the proposed rule changes to OAR chapter 411, divisions 323, 325, 328, and 450, to implement quality improvement strategies for agencies, residential providers, and standard model agencies.

You are also invited to comment on whether other options should be considered for achieving the rules goals while reducing the negative economic impact on businesses.

All comments must be directed to the hearing officer. I will not respond to questions during the hearing, but please stay after the hearing so I can help you.

In addition to providing comments at this hearing, written comments may be submitted until the close of the public comment period on December 23, 2025, at 11:00 p.m. Comments received after that time will not be reviewed or considered unless ODDS decides to extend the public comment period for everyone.

I will begin taking comments now.

Danya, please unmute yourself and state your name for the record as well as any organization that you represent before sharing your comments.

Danya Ochoa

Danya Ochoa, Ability Training Services.

Christina Hartman

Great. Go ahead, please.

Danya Ochoa

I am focusing on the changes around agency certification and application in the 323 at this, with this exact comment.

The. The understanding of the prioritization that ODDS will be placing on licenses and approving licenses from my interpretation of what's written here... It. It seems like it may be working counter intuitively towards the state's desired outcome of helping minority businesses be successful. So, and I can provide more written comment on that, but I wanted to make sure that I did clearly call that out.

I also wanted to make a comment on direct solicitation and encourage that in the 323-0020 that that be, that that be very clearly defined and I'll provide more written comment on that as well because there is some confusion among agencies so far on exactly how that's going to be implemented.

And that's all I have on those.

Christina Hartman

Thank you, Danya. Is there anyone else that would like to provide comments?

Okay. Thank you for participating and providing your comments. Your participation and input is valued and appreciated.

All comments will be reviewed by ODDS and documented in a hearing officer's report prior to proceeding with permanent rulemaking.

I will send the hearing officer's report to everyone that registers or attends this hearing or provides written comments.

I will be placing myself on mute but will be monitoring the chat until 6 p. m. if anyone else joins us. You're welcome to stay or you're welcome to go. Either one.

Danya Ochoa

Can I also make another statement on 411-323? This is Danya Ochoa with Ability Training Services.

Christina Hartman

Sure, and it looks like I didn't pause the recording, so go ahead whenever you're ready.

Danya Ochoa

Okay, so the rule summary for 323-0029 about Medicaid agency executive director orientation. That the executive director needs to be in... assuming a position within one year. Depending on the delay in licensing that's been experiencing, that we've been experiencing as providers for many years, many years, has, would really impact this. So, if somebody was to take the orientation today... if we rewound about four years, if I were to take it today, I would not even have had my license approved for 18 months. So, my renewal, pardon.

And so, if I were to be expected to provide that. If I were to get a new endorsement under this rule, I would have to have an MAO certificate. If that was the case, my certificate for MAO would expire prior to licensing being able to complete even my renewal. And I know initial applications were even further back than that.

I understand that this is no longer the time frame that we're dealing with, but if licensing ever does get behind the gun again, I believe that the executive director should be allowed to retain their MAO certificate for at least two years. And that would allow the rules that potentially were in place and for the biennium, any specific issues that legislature brought up could be captured within that time.

So, I believe if we could change that from one year to three years, it would be, it would be good. And that's all on that rule right now.

Christina Hartman

Okay, thank you. If there's other comments as you go through, just let me know.

Christina Hartman

Alright, go ahead.

Danya Ochoa

For OAR 411-323-0060. This is Danya Ochoa for Ability Training Services again.

The (2)(j). Since the agency's business plan does not demonstrate sustainability or demonstrates unacceptable levels of risk that could jeopardize an individual safety or residential setting. The criteria that the agency, or pardon, that the state, ODDS, is going to be using to determine what they consider demonstrating an acceptable, an acceptable level of business risk. What are the criteria that they're using for that? Because it sounds like that is all we're getting, is just what (j) said right there. So, if there is any more specificity that can be offered to the criteria.

Christina Hartman

Okay, thank you. Or were you finished? I'm sorry.

Danya Ochoa

Ya. Sorry. I forgot to say that.

Christina Hartman

No, that's okay. I just didn't want to cut you off if you were in the middle of thought.

Danya Ochoa

Thank you. Yeah. No. Nope. I'm a long pauser though. Thank you.

Christina Hartman

Okay, thanks.

Christina Hartman

Alright. Go ahead.

Danya Ochoa

This is in regards to 323-17(c), it is of, sorry, 323-0055(17)(c) requiring that an individual... that an agency is prohibited from requiring an individual commit to allocating at least half of their service level to the agency as a condition of enrollment.

I suggest. Fully understanding that I don't know why they're choosing half. I feel like that, percentage should be a lot lower requiring an individual to commit any amount of their service level to the agency seems like an overstep on the agencies part and taking away the freedoms that someone should be able to have to direct their services. Especially according to HCBS rules. So, an individual should not, in my opinion, be required to commit to allocate any amount of hours in order to enroll beyond the obvious minimum of one.

That is all.

Christina Hartman

Okay. Thank you.

Alright. Let the record show that the time is now 5:53 p.m. and this hearing is adjourned.

Hearing adjourned 5:53 p.m.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Christina Hartman at christina.hartman@odhs.oregon.gov or 971-413-4225. We accept all relay calls.

To Whom it May Concern at the Office of Developmental Disability Services,

I am an Autistic adult currently receiving Supported Living services [REDACTED]. It has come to my attention that significant changes to support services are being proposed and those proposed changes have me deeply concerned. In this missive I am offering my perspective as someone who would be significantly impacted by a shift to direct face-to-face support hours.

The Equity of Indirect Supports:

After many years of receiving services I have come to understand that indirect support is not unusual or specialized service as much as it is a normal part of how people function in society. Most people rely on professionals with various skillsets working on their behalf behind the scenes, often without their presence. This is considered typical, efficient, and necessary.

Recently, I helped a friend check in for surgery and noticed how many professionals supported her in ways she never saw: schedulers, billers, social workers, nurses, and surgeons coordinating the procedure. Her responsibility was to be present for the surgery and then recover. Everyone else handled logistics so she could focus on healing. Specialization and interdependence are intrinsically woven into the fabric of our everyday lives to the point I think we sometimes forget how much we rely on others as a matter of course.

People routinely outsource tasks they lack the time, bandwidth, or expertise for: cleaning, administrative coordination, advocacy, etc. Indirect support is a normal part of functioning in modern society. We cannot do everything ourselves, and often it is better and more efficient when someone else handles certain tasks.

Why Neurodivergent Adults may need indirect support at higher rates:

My need for indirect support is similar but more extensive. Many neurodivergent people have fewer cognitive, emotional, and executive functioning reserves. Many of us also lack financial means and natural support networks that allow others to outsource help, requiring additional accommodation and support to make up for that gap - especially as many elements of our lives and care require specialized knowledge and skill sets not found in the greater community.

Limiting support only to direct, line-of-sight hours removes access to a form of assistance that exists everywhere else. It introduces inequity rather than alleviating it. Neurotypical adults can delegate administrative and overwhelming tasks; autistic adults should not lose a comparable option under support services in this one specific domain of healthcare.

Direct support is sometimes necessary and helpful, but too much of it is socially and cognitively taxing for me. It can consume an entire day's bandwidth, heighten anxiety, and displace meaningful activities such as employment, healthcare, and community participation. It can unintentionally feel more like surveillance than support. The more direct support is involved, the more atypical my life feels.

My outcomes are significantly better when most of my support consists of problem-solving, system navigation, and coordination managed outside my physical presence, with communication facilitated through email, text and periodic in-person check-ins.

A Concrete Example:

I recently had to choose and change insurance plans and spent three hours on the phone with an outgoing CCO sales representative.

Even with support staff present, the task required:

- Intense auditory processing challenges (I require subtitles even for films in English)
- Maintaining appropriate tone and communication
- Real time analysis of complex plan options
- Simultaneous coordination with staff
- Amicable conversation
- Recalling and providing required documentation

By outward appearances it looked manageable. Internally, it exhausted my reserves. I cancelled work, social plans, and slept for hours afterward like a computer crashing from overheating. Even passive in-person presence during tasks like this is draining due to sensory, social, and information overload.

This is why indirect support is invaluable. Outsourcing when I've reached my limit or things have gone beyond my expertise, keeps my life stable and sustainable.

The Public Benefits Conundrum

Those of us receiving Medicaid funded services also face significantly more bureaucracy than average, including:

- Medicaid and Medicare
- Social Security
- Section 8
- SNAP
- ODHS

- ABLE, Special Needs Trusts, and other specialized account maintenance
- Provider and service authorization systems

These systems are high stress and high stakes. A single notice from SSA or ODHS can derail my day due to anxiety, urgency, and the real-life consequences that can occur if something is mishandled. These notices often require immediate action that cannot wait for the next scheduled support shift.

Having support that understands these systems and steps in and can act without me present has improved my mental health, stability, and overall functioning.

Since receiving more indirect support and case management, I have:

1. Decreased reliance on anxiety medication
2. Returned to hobbies and community activities
3. Increased work hours and productivity
4. Improved my nutrition, routines, and sleep
5. Reduced stress and increased autonomy

These have been measurable outcomes in my life. Due to a lifetime of financial and housing instability, and intermittent homelessness, benefits management is a major trigger for me. Indirect support has been a strong preventative against financial, mental health, and situational crises. Preventing crises is much less expensive than responding to them.

Currently, there is no other support service out there that can do this type of in-depth problem solving and case management for me. I have come to view Supportive Living as a bastion against homelessness, SNAP issues and potential loss of SSDI/income. With their support navigating these systems, I was able to succeed in buying my own home through [REDACTED] homeownership program. This is the first time in 34 years I've lived in a true residential area and the first taste of stability and safety I've had. I would not have been able to achieve that success without their expertise and case management skills.

Indirect Supports and System Efficiency

I understand the proposed shift in agency requirements appears aimed at strengthening accountability and efficiency. In practice, I am concerned it could achieve the opposite due to a lack of flexibility in tailoring service delivery and impeding agencies from fully supporting us.

Indirect supports in my case have resulted in:

- A significant decrease in overall support hours

- A significant increase in quality of life
- A decrease of mental health events
- An increase in time available to engage in the community
- Greater ability to focus on my goals, health, and everyday life instead of being present for excess support hours
- An increase in confidence and sense of autonomy
- An increase in forward movement toward the goals set out in my ISP
- Reduced stress related to frequent in-person presence in my home

For me, too many direct hours can consume an entire day's bandwidth. They reduce my ability to sustainably work, participate in the community, and maintain my health. Indirect support through Supported Living has been a cornerstone of my stability.

Choice is imperative:

I also want to emphasize the importance of self-direction in determining how support hours are utilized. Agency, informed choice, and person-centered planning are core values of ODDS, and are best upheld when we have say over the structure of our service hours, provided they are fiscally appropriate.

Limiting access to indirect support options may unintentionally undermine personal agency and repeat long-standing historical patterns in which decisions about and for individuals with disabilities are made without our input and consent. Preserving and *building upon* avenues for support allows us to tailor services to our needs and goals, promoting greater stability, independence and participation. When services are well designed and tailored they promote growth and forward movement. This forward movement drives efficiency through achieved outcomes, theoretically resulting in less state dollars being spent. At a minimum I can speak from experience that the quality of supports far outweighs the quantity of them. Too much or the wrong kind of support can be just as harmful as a complete lack of it.

Dignity

Much of my life has been defined by a lack of choice and dealing with the consequences of choices both individuals and systems have made for me. Having indirect support that strengthens my autonomy and ability to live my life on my terms to the greatest extent possible has been invaluable because of this. This service structure allows for a sense of dignity and normalcy that is hard to find elsewhere as an autistic woman living under public benefit systems and receiving services from the state.

It is difficult to build relationships or participate in community life when my daily experience does not resemble that of my peers. For the years I was at a brokerage, it was awkward to explain to people that I had a hard time fitting in engagements because of the direct PSW hours scheduled for the week and the downtime needed after. I had less access, less energy, and less time. I was exhausted and felt othered. *The disability supports ended up being disabling.* Eventually, I engaged less and my quality of life decreased.

Supported living and indirect supports have helped reverse that.

The value of collaboration:

I appreciate that ODDS is invested in increasing accountability and ensuring services are rendered correctly and responsibly. I am also of the sincere belief that the burden of that directive should not fall on us, the clients, or the agencies directly through fundamental service shifts like this, as we end up having to shoulder the burden of those changes by proxy. Requiring line of sight presence to guarantee and verify billable hours unwittingly uses me as a mechanism of ensuring compliance. We change from people receiving services into unwitting proof of labor and accountability. If my supported living agency was not accountable I would be in much direr straits. The fact that my situation is stable and my quality of life has improved *demonstrates accountability.*

We unfortunately live in imperfect systems with ever decreasing budgets. I hope the focus can shift to collaboratively addressing concerns and needed changes in a way that brings all concerned parties to the table. Clients, agencies, and families should all have a voice and the ability to be part of effective and supportive solutions.

Sincerely,

█

From: Alice Longley Miller, SEIU Local 503

Regarding: ODDS Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies (411-323, 325, 328, 450)

SENT ELECTRONICALLY

To: ODDS.Rules@odhs.oregon.gov, christina.hartman@odhs.oregon.gov

CC: Caitlin Shockley (CAITLIN.SHOCKLEY@odhs.oregon.gov)

December 22, 2025

Dear ODDS Rule Advisory Committee Staff,

Thank you for the opportunity to comment on the proposed ODDS rule changes. We appreciate the Legislature's and ODDS' shared efforts to address very real challenges in system oversight and the ability to hold provider agencies accountable. These issues are critical to ensuring high-quality, person-centered services and responsible use of public funds. While the proposed rules represent an important step forward, we believe more can and should be done to strengthen accountability and oversight across the system.

Of all our recommendations, ODDS should prioritize strengthening requirements for detailed cost reporting and ensuring that workforce data collection is consistent across all developmental disabilities provider types. Without verified, agency-level cost data aligned to the rate model, ODDS cannot determine whether public funds are being spent as intended or whether rate assumptions, particularly related to wages and health benefits, are accurate. Similarly, inconsistent workforce data requirements prevent ODDS from meaningfully monitoring shifts between service settings, identifying emerging shortages, or evaluating the impact of policy changes. Uniform cost and workforce reporting are essential for effective oversight, informed rate-setting, and avoiding the kind of widespread workforce disruptions the system has experienced over the past several years.

OAR 411-323-0055 (Operating Standards and Fiscal Transparency)

We appreciate the proposed amendments to OAR 411-323-0055, including the implementation of Senate Bill 1521 and the clarification of prohibited agency practices. These changes address important concerns related to agency conduct and consumer choice. However, the rule does not specify agency-level responsibilities or clearly define how staffing and fiscal data will be collected, verified, or used. Without this clarity, ODDS lacks the tools needed to meaningfully hold provider agencies accountable.

ODDS is currently unable to assess whether provider agencies are spending public funds in a manner consistent with the rate model and its underlying assumptions. As a result,

assumptions about how rate-funded dollars are actually used remain largely unverified. This undermines ODDS' ability to evaluate whether rates are adequate, whether legislative investments are reaching workers, and whether adjustments to the rate model are warranted. There is growing concern that some large for-profit agencies are generating profit by not providing or adequately funding health insurance benefits for direct support professionals, contrary to the intent of recent rate increases.

Senate Bill 1548 is explicit that ODDS needs to verify that rate increases intended to improve wages and benefits, including health benefits, actually go to workers. It also requires ODHS to adopt rules ensuring fiscal transparency and alignment between rates and actual spending. To meet the intent of SB 1548 and support effective oversight, ODHS should require providers to report actual spending aligned to the rate model, supported by documentation, and subject to review.

We recommend that ODHS require timely cost reporting that includes, at a minimum, the following data elements:

- Employee wages and disaggregated benefits (e.g., vacation and sick leave, retirement)
- Detailed employee health benefit information, including:
 - Employee participation rates
 - Total premium costs and employee share of premiums
 - Plan quality metrics
 - Out-of-pocket costs and copays
 - Coinsurance and deductibles
- Overtime paid to staff
- Paid time off utilization
- Training hours and training costs
- Mileage and transportation reimbursements
- Profit

Requiring standardized, verifiable reporting of these data will allow ODDS to determine whether rate-funded investments are being used as intended, improve accountability across provider types, and make informed adjustments to the rate model to better support workers and ensure high-quality services for individuals with intellectual and developmental disabilities.

Workforce Data and SB 1521

ODDS should require all provider types to submit the same core staffing data in order to effectively monitor and evaluate workforce trends, as required by SB 1521. Currently, data requirements vary by service model, which limits transparency and undermines meaningful oversight. We recommend requiring all providers to submit the staffing data required of Employer Model Agencies.

Over the past several years, Oregon has seen unprecedented movement of workers and individuals between service settings, yet ODDS does not consistently track these shifts. Without this staffing data, the agency cannot accurately assess workforce shortages, turnover, or the impact of policy and rate changes.

To meet the intent of SB 1521, all providers, regardless of service model, should be held to the agency with choice standard of submitting a list of their workers and training requirements. Consistent reporting is essential to accountability, informed decision-making, and long-term system stability.

In addition to our priority recommendations regarding cost reporting and workforce data, we want to reiterate several important issues raised during the Rules Advisory Committee process that are not reflected in the proposed rules. First, we appreciate the proposed updates to OAR 411-323-0033 strengthening ODDS' authority to impose administrative sanctions, including implementing Senate Bill 136 (2025) and expanding the circumstances under which conditions, suspensions, denials, or revocations may occur. These changes are an important step toward improving oversight and accountability. However, we believe the rule should go further by establishing a more robust prohibition on agencies that fail to meet minimum care or operating standards, particularly those that misrepresent or falsify information in their applications. At a minimum, such violations should result in a five-year ban on certification or endorsement, with permanent exclusion as an option for egregious or repeated misconduct. In addition, the rule should explicitly authorize the Department to deny or revoke a certificate or endorsement when any person with an ownership interest has unpaid taxes or has been convicted of tax fraud. Finally, the rule should be updated to supersede the current ten-year limit and implement a twenty-five-year ban on involvement in Medicaid for individuals convicted of Medicaid-related crimes.

Second, the rules should include an enforceable requirement for standard model agencies to provide backup care. While earlier draft language addressed this responsibility, it was removed due to concerns about enforceability. However, ensuring continuity of services through backup staffing is a core obligation of standard model agencies and should be clearly defined and enforceable.

Third, ODDS should strengthen continuity-of-care requirements by requiring regular updates, documentation, and corrective action reporting when disruptions occur. This approach was recommended during the RAC but is not incorporated in the current draft. Finally, before an agency exits or disengages from supporting an individual, the rules should require proactive counseling, the presentation of multiple DSP options, and documented efforts to resolve challenges, along with ODDS-approved behavior training provided on paid time. These recommendations were discussed in the RAC and are essential to reducing service disruptions and protecting individuals and workers, yet they remain unaddressed in the proposed rule language.

While we did not comment in detail on every proposed rule, we believe ODDS must continue to strengthen its efforts to ensure that high-quality services are consistently provided to individuals with intellectual and developmental disabilities. Accountability and transparency are foundational to that work. The developmental disabilities service landscape has changed significantly over the past several years, and oversight and regulatory frameworks must continue to evolve in response. We appreciate the opportunity to provide both written and verbal feedback and look forward to continued collaboration to strengthen these rules and the system as a whole.

From: [Heart and Home](#)
To: [Christina Hartman \(she/her\)](#); [Heart and Home](#)
Subject: Written Comments for Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies (411-450)
Date: Monday, December 15, 2025 1:56:31 PM

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Hi,

This is my written comment for Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies (411-450).

"This year, the orientation cost was \$1200 with the approved provider. Adding an expiration limit to this orientation is unreasonable and would create unnecessary hardship for prospective applicants due to events out of a person's control. Moratoriums and licensing application processing delays have all contributed towards delaying applications over a year. Why does this need to expire in 12 months? The orientation conference content will not change; the applicant will have passed the required tests. This should be approved for a minimum of 3 years. Thank you, Eliza Leah"

Thanks,

Eliza Leah

From: [Sarah Swenson-Smith](#)
To: [Christina Hartman \(she/her\)](#); [PARR Mike R](#)
Cc: [Sarah Swenson-Smith](#); [REDACTED]
Subject: PCL's written comment on the Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies
Date: Tuesday, December 23, 2025 11:12:23 AM
Attachments: [PCL Public Comment for the Quality and Standard Model Agencies - 12-23-25 \(1\).docx](#)

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Christina & Mike,

Attached please find Partnerships in Community Living's written public comment on the proposed Quality Improvements for Agencies, Residential Providers, and Standard Model rule changes.

We appreciate the opportunity to provide feedback and recognize the Department's intent to strengthen quality and accountability. While our attached comments address several provisions, we want to briefly highlight two areas that raise the most immediate concern for our organization due to their operational, fiscal, and equity impacts.

First, the proposed requirement that program supervisors supporting children have a minimum of two years of professional experience delivering support to children is overly rigid and prioritizes length of experience over demonstrated competency. As written, it inarrows an already limited workforce, and **creates downstream wage and pay-equity implications that are not acknowledged or funded**. We strongly encourage a shift toward competency-based training requirements.

Second, the proposed medication management documentation requirement for Community Living Standard services would require detailed documentation for every routine medication reminder or prompt, including text reminders. This creates a significant and unfunded administrative burden for low-risk supports that are already addressed through person-centered planning. We believe this level of documentation does not meaningfully improve safety and **risks discouraging agencies from offering medication reminders that help people remain independent in their own homes**. Addressing routine medication supports (not administration) through the ISP, with documentation required only for exceptions or concerns, would better align with both quality outcomes and practical implementation.

We appreciate your consideration of these comments and welcome continued discussion as the rules move forward. Thank you for the opportunity to share our perspective.

Sarah Swenson
Executive Policy, Funding, & Project Strategist



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PCL's Comment for Quality Improvements for Agencies, Residential Providers, and Standard Model Agencies

AGENCY CERTIFICATION

OAR 411-323-0033 Administrative Sanctions

Rule Language: (2)(c)(C) Evidence of Abuse, Neglect, or Exploitation - The Department may attach a condition to a certificate or endorsement upon any of the following findings, including, but not limited to: (C) There is evidence of abuse, neglect, or exploitation.

Concern: *Although this is not a proposed change and is currently in effect, we want to reiterate our concerns.* This establishes a zero-tolerance policy, punishes honest reporting, and **conflicts with SB136's focus on egregious or persistent failures**. Nearly all agencies that report honestly will have some substantiated allegations. A single incident does not prove an agency is unsafe or unable to provide services. SB 136 already gives DHS the authority to revoke or suspend when there are egregious or persistent failures in training or supervision. This wording could punish agencies that report and correct problems.

Recommended Update: There is a pattern of unaddressed or repeated findings of abuse, neglect, or exploitation, or failure to report, investigate, or implement corrective action.

OAR 411-323-0033 Administrative Sanctions

Rule Language: (2)(c)(H) Employing Staff with Substantiated Findings - (2) CONDITIONS. (c) The Department may attach a condition to a certificate or endorsement upon any of the following findings, including, but not limited to: (H) The agency employs or contracts with any program staff for whom there is substantiated evidence of abuse, neglect, or mistreatment.

Concern: *Although this is not a proposed change and is currently in effect, we want to reiterate our concerns.* Not all substantiated findings are equal. Some results from poor judgment or a lack of training can be corrected through coaching and oversight. Others involve intentional harm and should disqualify someone. Hospitals, nursing facilities, and other industries that support people recognize that error rates exist and use retraining, supervision, and systemic improvements to address them. Expecting an entry-level staff member in this field to never make a mistake is unrealistic. If written

literally, this rule would require agencies to terminate any staff with any substantiated finding, regardless of severity or remediation. **This creates conflict with BOLI and employment law** through potential disparate impact claims, conflicts with progressive discipline standards, and contradicts Oregon's criminal background check rules, which specify which offenses or substantiated findings make a person legally disqualified from working in I/DD services. This language leaves no room for nuance or corrective action. In practice, it could force agencies to fire good staff who made a mistake, even after retraining and improvement. That reduces workforce stability at a time when turnover is already over 35–65 percent.

Recommended Update: The agency employs or contracts with any program staff for whom there is a substantiated finding of abuse, neglect, or mistreatment that would disqualify the person under the state criminal records check or background check standards, or where the agency fails to implement corrective action and monitoring to ensure the safety of people supported.

AGENCY OPERATING STANDARDS

OAR 411-323-0055 Agency Operating Standards

Rule Language: (7) An agency must submit an annual report to the Department that includes: (a) A disclosure of executive compensation and benefits; (b) A disclosure of starting, average, and highest wages for direct support professionals that are employed by, under contract with, or otherwise engaged with the agency to deliver community-based services to individuals with intellectual or developmental disabilities; (c) A disclosure of the agency's overhead expenses and expenditures; and (d) Any other fiscal matters prescribed by the Department.

Concern: As written, this is an unfunded mandate that requires nonprofit agencies to compile, format, and submit new reports in a Department-defined format, even when substantially similar information is already collected through existing mechanisms, such as IRS Form 990 filings and workforce data collection efforts, including National Core Indicators (NCI).

Recommended Update: We recommend that ODDS revise this to avoid unnecessary duplication and unfunded administrative burden by:

- Exempting nonprofit agencies from duplicative reporting when the Department already has access to substantially similar information through existing data sources.

- Clarifying which data elements are not already captured by existing systems, and limiting new reporting to those gaps.

Fiscal Impact: The fiscal impact described in the proposed rule does not fully account for the true cost of compliance. Even when similar information is available elsewhere for nonprofits, agencies will incur additional administrative time and expense to report it. These costs include staff time, accounting and payroll analysis, internal review, and ongoing compliance tracking.

Because administrative functions are already underfunded under the current rate model, these new requirements shift additional uncompensated work to providers without identifying the funding to cover them. These unfunded administrative mandates conflict with expectations under the federal Medicaid Access Rule by increasing overhead burdens, even as we are expected to prioritize spending on direct care compensation.

24-HOUR RESIDENTIAL PROGRAMS FOR CHILDREN and ADULTS

OAR 411-325-0170 Staffing Requirements for 24-Hour Residential Programs and Settings

Rule Language: (5) No later than January 1, 2026, an agency operating a home that provides services to children must have and implement a policy that assures a program supervisor is in each children's home the agency operates for a minimum of eight hours per week. The program supervisor for a home providing services to children must have at least two years of professional experience delivering support to children.

Concern: The proposed requirement that a program supervisor supporting children must have at least two years of professional experience delivering support to children is overly rigid and not clearly defined. While ODDS has stated in discussion that this experience could include working with children in any capacity, that flexibility is not reflected in the rule language, creating ambiguity and enforcement risk.

More importantly, the rule prioritizes length of experience over demonstrated knowledge and competency. Experience alone does not ensure that a supervisor understands child development, trauma-informed support, behavioral health needs, or the specific requirements of supporting children with intellectual or developmental disabilities. High-quality, targeted training is a more reliable indicator of supervisor readiness than time-based experience.

Recommendation: We recommend revising this requirement to focus on competency-based preparation rather than a fixed experience threshold by:

- Replacing the experience requirement with required training specific to supporting children, including child development, developmental changes, and disability-related support needs, with ongoing professional development.
- If the experience requirement must stay (though we have serious concerns about this), include a grandfather clause allowing current program supervisors who are effectively supporting children at the time of implementation to continue in their roles while completing any new training requirements.

Fiscal Impact: The experience requirement's fiscal impact is understated. By mandating a minimum of two years of professional experience delivering support to children for program supervisors, **the rule introduces a bona fide, job-required qualification that must be considered under Oregon's Pay Equity laws.**

In practice, this requirement may require reclassifying or placing these supervisor roles in higher wage bands to remain compliant with pay equity standards, particularly where comparable supervisory roles do not share the same experience threshold. These wage adjustments are not discretionary and cannot be absorbed through internal alignment without financial consequence. The proposed rule does not acknowledge this downstream wage impact or identify a funding mechanism to support it, which could require agencies to increase supervisory wages without corresponding rate adjustments.

Additionally, the experience requirement, as written, risks increasing recruitment and retention challenges without improving outcomes. Restricting eligibility to candidates with prior experience supporting children narrows an already constrained workforce, may increase recruitment costs, contribute to vacancy-related instability, and force agencies to restructure supervision models or leave positions unfilled. These impacts are compounded by excluding otherwise capable supervisors who could be effectively prepared through targeted training, which is more cost-effective and scalable than experience-based exclusions.

Equity Impact: Rigid experience thresholds disproportionately affect smaller providers, rural agencies, and culturally specific organizations that rely on internal advancement, community-based hiring, and training-driven workforce development. These providers are less likely to have access to a deep pool of candidates with prior formal experience delivering support to children, particularly in regions where child-serving systems are already limited. By prioritizing prior experience over competency-based training, the rule risks reducing service availability, increasing vacancies, and limiting culturally

responsive and geographically accessible options for children with intellectual or developmental disabilities.

Community Living Standard

OAR 411-450-0080 Minimum Standards for Provider Agencies Delivering Community Living Supports

Rule Language: (k) When supports for medication management, other than administration of medication, are provided, the agency must maintain documentation of support provided for every occurrence of support including the following: (A) The name of the individual. (B) The brand name or generic name of the medication, including the prescribed dosage and frequency physician order and medication. (C) Times and dates the support of the medication management occurs. (D) Nature of the medication support provided. (E) An explanation of why a PRN, or "as needed" medication was needed and the results of the medication utilization.

Concern: The proposed requirement mandates detailed documentation for every occurrence of medication management support that does not involve administration, including routine supports such as reminders, prompts, or coaching. For agencies that provide frequent text or verbal reminders to support people in managing their medications independently, this requirement would impose **an excessive and impractical documentation burden**.

As written, the rule does not distinguish between low-risk, routine supports and higher-risk medication tasks, nor does it account for the volume of interactions that occur in in-home service models. Requiring full documentation for each reminder, including medication details and timing, substantially expands paperwork without a corresponding increase in safety or outcomes.

Recommendation: We recommend revising this provision to allow routine medication supports, such as reminders or prompts (including text reminders), to be addressed through the Individual Support Plan (ISP) rather than requiring documentation for every occurrence. Specifically:

- The ISP should clearly describe how medication reminders and other non-administrative supports are provided, including frequency and method.
- Documentation should be required only for exceptions, concerns, or changes in status, rather than each routine reminder.

Fiscal Impact: The fiscal impact of this requirement *is significantly understated*. Requiring detailed documentation for every routine medication reminder creates

substantial non-billable staff time, particularly for people who take multiple medications or require frequent prompts throughout the day. For agencies that provide text reminders, compliance would require staff to duplicate each reminder interaction in a formal record, thereby increasing administrative workload without improving quality.

This increased documentation burden adds increased and compounded supervisory time and administrative overhead that are not funded within the current rate model. These unfunded administrative demands divert resources away from direct support and strain already limited operational capacity.

Equity Impact: This requirement disproportionately impacts providers serving people who rely on frequent reminders to maintain independence. Smaller providers, rural agencies, and culturally specific organizations are less likely to have electronic systems capable of efficiently capturing high-frequency documentation without additional staffing.

Excessive documentation expectations for low-risk supports may also discourage agencies from offering medication reminders altogether, reducing access to supports that help people remain safe and independent in their own homes. Allowing routine medication supports to be addressed through the ISP better supports equitable access while preserving appropriate oversight.



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To Whom It May Concern,

Subject: Justification for Indirect Supports for Autistic Adults within OAR 411, Division 328
Supported Adult Living Programs

This letter provides a formal policy justification for the use of indirect supports, defined as coordination, planning, advocacy, and resource navigation conducted without the autistic adult physically or virtually present. The evidence base in adult autism services strongly supports the role of such indirect supports in improving access to services, reducing administrative burden on autistic adults, enhancing continuity of care, and ultimately improving quality of life and independent living outcomes.

Autistic adults frequently experience executive functioning challenges, communication differences, sensory vulnerabilities, and difficulty navigating complex service systems. Research demonstrates that care coordination, when performed on behalf of autistic adults, significantly improves service access, reduces unmet needs, strengthens self-determination, and supports long-term stability. Indirect supports allow DSPs and case managers to complete tasks that would otherwise overwhelm or disadvantage autistic adults, including paperwork, inter-agency communication, benefit coordination, housing and healthcare navigation, and crisis prevention efforts.

Studies on care coordination, patient navigation, and supported decision-making consistently show that indirect supports produce measurable benefits: increased service uptake, decreased fragmentation, improved satisfaction, and greater alignment between services and individual needs. For autistic adults with higher support needs or those who experience communication barriers, indirect case management ensures their preferences and goals are represented even when direct participation in every coordination step is not feasible.

Based on this evidence, indirect supports are essential, evidence based components of equitable disability services. It enables autistic adults to maintain autonomy while reducing systemic barriers and supporting stable, independent living.

Respectfully submitted,

Sherry Sandreth, PhD
Founder & Co-Executive Director





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Policy Justification Brief: The Value of Indirect IADL and Case Management Supports for Autistic Adults

Purpose

This brief outlines the research-based justification for allowing and funding **indirect IADL and case-management services**, including coordination, advocacy, documentation, and system navigation completed **without the autistic adult present**. These supports are essential to maintaining autonomy, service access, health outcomes, and stability for many autistic adults who face significant structural and functional barriers in navigating complex service environments.

1. Background and Need

Autistic adults often experience differences in executive functioning, communication, and sensory processing that can make certain service-system tasks disproportionately demanding. Research consistently shows that autistic adults:

- Have **reduced access to coordinated services**, resulting in unmet support needs (Anderson et al., 2014).
- Experience **executive-function challenges** that affect planning, scheduling, organization, and follow-through.
- Face **significant anxiety, sensory overload, and communication barriers** in administrative or bureaucratic settings (Crane et al., 2018; Hull et al., 2017).
- Are at high risk of **losing benefits, missing appointments, or experiencing disruptions** in care due to system complexity.

Because of these factors, requiring the autistic adult to be physically or virtually present for every coordination activity creates unnecessary barriers, reduces service efficacy, and threatens long-term stability.

2. Policy Rationale for Indirect IADL and Case Management Supports

A. Promotes Autonomy and Self-Determination

Indirect supports align with supported decision-making (SDM) models endorsed by national disability organizations and the Oregon Department of Human Services (2016).



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- SDM emphasizes **honoring the individual's preferences** while allowing supporters to complete complex system navigation tasks on the person's behalf.
- Requiring direct participation in administrative tasks does **not** increase autonomy; in many cases, it **reduces autonomy** by overwhelming the individual and limiting engagement in meaningful, chosen activities.

Indirect supports offer **increased feelings of security and independence** for many. (Barth, Lewis & Simmons, 2020) and services should consider the 'intensity, duration, content and barriers' (Burke & Taylor, 2023) based on person-centered and SDM models.

Policy implication:

Allow providers to conduct coordination and advocacy tasks independently while still centering on the person's expressed goals and preferences.

B. Reduces Executive Function Burdens and Enhances Daily Functioning

Research shows executive function differences predict challenges with independent living. All levels of support staff can reduce this burden by performing indirect tasks such as:

- Scheduling and confirming appointments
- Communicating with healthcare or housing providers
- Coordinating transportation
- Completing benefit renewals and paperwork
- Gathering records and eligibility documentation

These "behind-the-scenes" supports free the individual to focus on daily living, employment, or community engagement.

Policy implication:

Indirect supports should be recognized as a functional accommodation under disability rights principles.



C. Improves Service Access and Continuity of Care

Indirect services significantly increase access to essential resources and reduce unmet needs.

Because many of these tasks must occur during workday hours—or involve complex, multi-party coordination—requiring the autistic adult to be present is impractical and unnecessary.

Policy implication:

Indirect supports improve system efficiency, reduces service fragmentation, and prevents lapses in care.

D. Reduces Stress, Anxiety, and Sensory Overload

Autistic adults frequently report that traditional service environments (offices, phone banks, group meetings) are overwhelming or inaccessible (Crane et al., 2018). Indirect supports protect mental health by reducing exposure to:

- Sensory triggers
- High-demand social interactions
- Stressful bureaucratic processes

Policy implication:

Allowing indirect work is a reasonable and evidence-based accommodation that reduces barriers to equitable participation.

E. Prevents Crises in Housing, Healthcare, and Benefits

Adults with I/DD lose essential benefits at high rates due to administrative errors or system complexity.

Indirect supports ensure:

- Timely recertification of benefits
- Continuity of housing supports
- Proper communication with medical providers
- Prevention of avoidable crises



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The cost of replacing lost services or responding to emergencies is significantly higher than funding ongoing indirect coordination.

Policy implication:

Indirect services as part of overall allotted hours are fiscally responsible and prevent avoidable disruptions.

F. Supports the Entire Care Ecosystem

Many autistic adults rely on family or informal supporters who experience high caregiving burden.

Indirect supports reduce strain on natural supports and prevent caregiver burnout; a factor directly tied to housing stability and health outcomes for autistic adults.

Policy implication:

Indirect supports sustain community living by reinforcing family and environmental stability.

3. Alignment With Federal & Rights-Based Frameworks

Indirect supports key principles from:

- **ADA (Americans with Disabilities Act):** prohibits discriminatory administrative burdens and requires reasonable accommodations.
- **Olmstead Decision (1999):** requires states to support individuals in the *least restrictive* and *most integrated* settings.
- **Home and Community-Based Services (HCBS) Final Rule:** emphasizes autonomy, choice, and person-centered planning—aligned with indirect coordination that reflects the person’s goals without forcing unnecessary presence.
- **Supported Decision-Making frameworks:** explicitly encourage supporters to assist with complex tasks on behalf of individuals while honoring their preferences.



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4. Policy Recommendation

Measuring services through dichotomizing, assumes more services means better outcomes (Burke & Taylor, 2023). Focus on quality outcomes rather than separating direct and indirect hours. Formally include and reimburse indirect IADLs and case management services for autistic adults as necessary, evidence-based supports within person-centered care models. These activities should include IADLs, coordination, documentation, advocacy, communication, and system navigation performed without the individual present, provided the supports are grounded within the individual's stated goals, preferences, and consent as the guiding framework.

5. Conclusion

Indirect supports are not an optional or peripheral service—it is a **core, research-supported, rights-aligned support** that enables autistic adults to maintain independence, housing, health, benefits, and community integration. Restricting supports to only activities performed with the adult present contradicts evidence, increases risk, and undermines autonomy.

In summary, research documents the numerous benefits of indirect supports. Moreover, the Oregon Department of Human Services (2025) has already affirmed that individuals have the right to choose their supports and participate meaningfully in decisions about **how** those supports are delivered.

Designating only direct supports as authorized billable time and reducing indirect supports as an overall option, risks undermining this right by unnecessarily constraining self-determination, supported decision-making, and autonomy. ODDS serves a diverse population with highly variable needs, capacities, and circumstances. Moreover, people's needs change as life events happen. Effectively supporting this diversity requires flexibility in service delivery models instead of uniform restrictions that may work for some individuals but introduce harm or inefficiency for others.

Rather than focusing on limiting the modality and configuration of support hours, it is our view that a more effective and responsible approach is to emphasize quality, outcomes, and progress toward individual goals through adaptable service structures, including indirect supports.



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Policy action to formally acknowledge and fund indirect services as essential to high-quality care, promoting improved outcomes, stronger service continuity, and more equitable access for autistic adults.

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