

Step-by-Step Guide to Applying for a Mental Health Residential License in Oregon

The guide gives clear and simple instructions for people and organizations that want to open and run a licensed Mental Health Residential Treatment Program in Oregon following the rules in [Oregon Administrative Rule 309-035](#). This guide is designed to:

- Help you understand what state rules and laws require before you open a program
- Show you what documents, qualifications and standards are needed for approval
- Help avoid delays by making sure your application is complete and correct
- Help ensure you have full understanding of all requirements prior to purchasing or leasing a home
- Support the creation of a safe, person-centered and trauma-informed program



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Purpose

Licensure establishes the minimum standards for community-based residential treatment settings for adults with mental health disorders, including residential treatment facilities (RTF), residential treatment homes (RTH) and secure resident treatment facilities (SRTF). The standards are designed to promote optimal health, mental and social well-being and recovery while providing services in safe, homelike environments that uphold each resident's dignity, individuality and right to self-determination. These licensure standards apply regardless of funding source and ensure consistency across all RTFs and RTHs, with specific variations for SRTFs.

Step 1: Know What You're Applying For

This application is for residential mental health programs in Oregon. There are three types:

- Residential Treatment Homes (RTH)
- Residential Treatment Facilities (RTF)
- Secure Residential Treatment Facilities (SRTF)

Each program type has different rules for staffing, buildings, and how the program must be run based on [OAR 309-035](#).

Important: You must submit your application at least 60 days before you plan to open.

Step 2: Get the Application

Download the most recent form and instructions at:

<https://www.oregon.gov/oha/HSD/AMH-LC/Pages/RT.aspx>

Or email: BHD.MH.Applications@oha.oregon.gov

Step 3: Fill Out the Application Completely

The application form has several sections, and every section must be filled out completely. Leaving anything blank can delay the review or cause your application to be rejected.

SECTION I: Instructions & Submission

- Write your facility name and the date at the top of the page.
- Submit your application at least 60 days before the date you plan to open.
- Include all required documents
- Include the application fee:
 1. \$30 for a Residential Treatment Home (RTH) including RTH-YAT
 2. \$60 for a Residential Treatment Facility (RTF) or Secure RTF (SRTF)

- You can send your application in one of these ways:
 1. **Online through:** <https://or.accessgov.com/dhshoha>
 2. **By Email:** BHD.MH.Applications@oha.oregon.gov
Mail your payment to:
 Oregon Health Authority – BHD Licensing
 500 Summer St NE, E86, Salem, OR 97301
- To be paid for services for Medicaid-eligible individuals, you must also apply through Medicaid Provider Enrollment. Every facility/home must have its own unique Medicaid ID Number. These numbers cannot be shared between facilities or homes. Contact Medicaid Provider Enrollment:
 1. Phone: 800-336-6016
 2. Email: provider.enrollment@oha.oregon.gov
 3. Website: [Medicaid Provider Enrollment](#)
 4. MMIS Provider Portal: [Provider Enrollment Guide](#)
 - Form 3972 – [Oregon Medical Provider Enrollment / Update / Revalidation](#)
 - Form 3974 – [Provider Disclosure Statement of Ownership and Control, Business Transactions and Criminal Convictions](#)
 - Form 3975 – [Provider Enrollment Agreement](#)
- Sign up to get updates from OHA regarding rules, tools, reports and announcements. You can sign up at: [GovDelivery](#)

Process for Application Review

Specify the type of facility for which you are applying

- Residential Treatment Home (RTH)
- Residential Treatment Home -Young Adults in Transition (RTH-YAT)
- Residential Treatment Facility (RTF)
- Secure Residential Treatment Facility (SRTF)

SECTION II: Applicant Information

You must fill out every field in this application. If anything is missing, your application will be returned without being processed. Provide detailed information as follows:

A-D: Business Registration Information

- A.** Legal name of applicant's business (must match what is on file with the Oregon Secretary of State per [ORS 648.005\(4\)](#)).
- B.** Legal name of facility (as registered with the Oregon Secretary of State per [ORS 648.005\(1\)](#)).
- C.** Name of the registered agent (as registered with the Oregon Secretary of State).
- D.** Oregon Secretary of State business registry number.

E: Facility Contact Information

- E.** Facility information including:
 - Facility's physical address (street, city, state and ZIP)
 - Facility's mailing address (street, city, state and ZIP)
 - Facility's phone number
 - Facility's email address
 - County where the facility is located
 - Facility website (if there is one)

F-H: Facility Type and Capacity

- F.** License bed capacity proposed
 - RTH: 1-5 beds allowed
 - RTF: 6-16 beds allowed
 - SRTF: 1-16 beds allowed
- G.** Number of proposed hold rooms (*applies to SRTF only - see [OAR 309-033-0700 through 0735](#)*).
- H.** Facility classification: Class 1 or Class 2 (*applies to SRTF only - see [OAR 309-033-0520](#)*).

I-M: Building and Safety Information

- I.** Occupancy Code (see [Oregon Structural Specialty Code Chapter 3](#)).
- J.** Certificate of Occupancy date (*if a new or remodeled building*)
- K.** Certification of Use date (*if no construction was done*)
- L.** Date of the Fire Marshal's inspection approval
- M.** Confirm if there is a sprinkler system (*required in all MH residential settings – see [Oregon Structural Specialty Code Chapter 9](#)*)

N: Water Supply

- N.** Is the facility hooked up to city water? If not, provide the date your water supply was tested and verified as safe (see [OAR 333-061-0305 through 0335](#)).

O-P: Federal Identification Numbers

- O.** Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service
- P.** National Provider Identification (NPI) number assigned by the Centers for Medicare and Medicaid Services – each facility must have its own unique number

Q-R: Insurance Information

- Q.** Name of your current liability insurance company and the active policy number
- R.** Name of your current worker's compensation insurance company and the active policy number

S-U: Administrator

- S.** Name of the Administrator hired to by the applicant to be responsible for the daily operation of the facility - include start date, business email and business phone number
- T.** Years of Applicant's or Administrator's experience and detailed description of the Applicant's or Administrator's **clinical experience** working in an OHA licensed residential setting providing treatment to individuals with serious mental illness. Experience working with individuals with intellectual or developmental disabilities will not be accepted.

- U.** Years of Applicant's or Administrator's experience and detailed description of the Applicant's or Administrator's **experience working in a residential setting** providing care and services to individuals with serious mental illness. Experience working with individuals with intellectual or developmental disabilities will not be accepted.

V-W: Other Professionals

- V.** Name of the licensed medical professional (LMP) who is hired or contracted by the applicant to conduct comprehensive mental health assessments and provides medication management, consultation and oversight of the services offered to residents - include license type, license number and start date
- W.** Name of certified or licensed person providing treatment/therapy including individual and group counseling, skills training, and psychiatric treatment - include license or certification type, number and start date

X-Z: Services and Population

- X.** Type of clinical services to be provided and how often
- Y.** Description of the population you plan to serve
- Z.** A statement explaining your abilities and how you are prepared to meet the needs of the population you plan to serve

AA: Application Contact

- AA.** Name, title, email and phone number of the person filling out the application.

SECTION III: Ownership Details

You must provide full and accurate information about who owns and controls the facility. This includes people and organizations with direct ownership.

- A.** Select the type of business you registered with the Oregon Secretary of State.
- B.** List the names, job titles, phone numbers and emails for all owners, directors and Administrators (required under [42 CFR 455.104](#) and [42 CFR 455.106](#)).
- C.** List the names, addresses, SSNs/ITINs, ownership percentages and entity types for all individuals having direct or indirect ownership or controlling interest in the facility (required under [42 CFR 455.104](#)).

- D. If a corporation, list the names, addresses, SSNs/ITINs, and dates of birth for all board members.
- E. Specify if any owner has now, or in the past, owned a **facility, home, agency or program** providing services in Oregon or another state? If yes, list the owner's name and the name of the agency involved.
- F. Specify if any owner has ever had ownership in a **facility, home, agency or program** providing services for which a license, certification or registration was denied, suspended, revoked or terminated in the last five years? If yes, list the owner's name and the name of the agency involved.
- G. Specify if any owner has ever had ownership in a **facility, home, agency or program** providing services for which a license, certification or registration was given up while being investigated or under sanction? If yes, list the owner's name and the license, certificate or registration number.
- H. Specify if any owner has ever been found responsible for abuse or neglect? If yes, list the owner's name, when it happened, and the name of the investigating agency.
- I. Specify if the applicant has filed for bankruptcy within the last two years? If yes, this must be disclosed.

SECTION IV: For Secure Residential Treatment Facilities (SRTFs) Only

If you're applying to operate a Secure Residential Treatment Facility (SRTF), you must provide additional documents and meet special requirements based on the facility's classification (Class 1 or Class 2).

- An operational plan showing how you will always staff and supervise the facility – 24 hours per day, 7 days a week – based on the facility's class:
 - **Class 1 Facilities**
 - A licensed independent practitioner (such as a psychiatrist or psychiatric nurse practitioner) available 24/7 to oversee medical care and conduct assessment when needed.
 - A licensed registered nurse on duty 24/7 to provide medical services.
 - Enough qualified medical and direct care staff awake and on duty 24/7 to meet both scheduled and unscheduled resident needs.
 - **Class 2 Facilities**

- At least two qualified mental health associates on duty 24/7 to provide treatment.
- Enough qualified medical and direct care staff awake and on duty 24/7 to meet both scheduled and unscheduled resident needs,
- The name and qualifications of the staff person responsible for training other staff.
- A copy of the training curriculum used at your facility.
- Proof that all doors and windows have proper locks and alarms to keep the facility secure.
- A written agreement with local law enforcement that explains how they will
 - Help detain and return residents who leave the facility without permission
 - Help remove a resident who needs a higher level of care.
- A written agreement with local hospitals to provide emergency medical services when needed.

SECTION V: Required Attachments Checklist

Your application is not complete unless you include all required documents listed below. You must use the [File Naming Convention](#) below for your documents:

- "1. Initial Application"
- "2. Business Registration"
- "3. ABN Registration" (if proposed facility name is different from registered business name)
- "4. Form SS-4 Employer ID"
- "5. CMHP Letter"
- "6. Description of Services"
- "7. Proof of Experience"
- "8. Background Check for (licensee or staff name)"
- "9. Operational Plan"

- "10. Proposed Budget"
- "11. Evidence of Financial Resources"
- "12. Financial Disclosure (liens, pending debts, collections or bankruptcies)""
- "13. Tax Compliance Certification"
- "14. Liability Insurance"
- "15. Proof of Property ownership (or Lease or Rental Agreement)"
- "16. Facility Plans and Specs"
- "17. Floor Plan"
- "18. Fire Inspection Report"
- "19. Sprinkler System Verification"
- "20. Certificate of Occupancy (or Certificate of Use)"
- "21. Safe Water Supply Certificate"
- "22. Job Descriptions"
- "23. Start-up Training Outline"
- "24. Evidence of Training Completion (Staff Initials)"
- "25. Professional License (or Certificate) for (Licensee or staff name)"
- "26. HCBS Self-Assessment"
- "27. Social Covenants"
- "28. Residency Agreement"
- "29. Policies and Procedures"
- "30. Summary Sheet"
- "31. Admission Document (include title of document)"
- "32. Residential Service Plan"

- “33. Monthly Summary”
- “34. Daily Progress Notes”

You must provide all these documents to qualify for a license. You can create a zip file of all required documents to complete a single upload, rather than multiple uploads. To “zip” (compress) a file folder with your application documents, right-click on the folder and select “Send to”, then select “Compressed (zipped) folder”. A new zipped folder with the same name will be created in the same location.

All documents must meet the minimum criteria as outlined in Appendix A of this guide. Use the checklist below to make sure you’ve included *all required documents*:

Documentation of Business and Program:

- ☐ Oregon SOS Business Registry verification
- ☐ IRS Form SS-4 verification (FEIN) or Social Security Number
- ☐ Application fee payment
- ☐ CMHP acknowledgement letter
- ☐ Description of program services
- ☐ Proof of administrator experience in mental health care
- ☐ Completed background check request forms for licensee, owners and administrator and copies of the front and back of current identifications for licensee, owners and administrator – must submit separately to BHD.MH.LCBackgroundCheckRequest@oha.oregon.gov

Financial & Legal:

- ☐ Operational plan
- ☐ Proposed annual operating budget
- ☐ Documentation of cash reserves
- ☐ Notice of any pending debts, collections or bankruptcies
- ☐ Oregon Tax Compliance Certificate
- ☐ Current certificate of liability and workers compensation insurance
- ☐ Ownership or current lease/rental documentation

Facility Plans & Safety Readiness:

- ☐ Facility plans if new or altered structure
- ☐ Floor plan with all required specifications
- ☐ Approved fire marshal inspection report
- ☐ Verification sprinkler system installed with current maintenance tag

- ☐ Approved Certificate of Use or Certification of Occupancy if new construction or remodel
- ☐ Verification of safe water supply if non-city water

Staffing & Training:

- ☐ Job descriptions for all facility staff
- ☐ Startup training and pre-service training
 - ☐ Comprehensive tour of facility
 - ☐ Review of emergency procedures
 - ☐ Review of facility policies and procedures
 - ☐ Background on mental, emotional, and behavioral disorders and conditions
 - ☐ Behavior management including de-escalation techniques
 - ☐ Overview of resident rights
 - ☐ Medication management procedures
 - ☐ Food service arrangements
 - ☐ Grievances, complaints and an overview of the Residential Facilities Ombudsman program
 - ☐ Summary of resident assessments and residential service plans
 - ☐ Culturally responsive care
 - ☐ Mandatory abuse reporting
 - ☐ LGBTQIA2S+ residents and residents living with HIV
- ☐ Evidence of successful completion of required trainings
- ☐ Approved background checks for all staff
- ☐ Current professional licenses and certifications

HCBS & Residency Agreement:

- ☐ Completed HCBS self-assessment
- ☐ Complete residency agreement with social covenants

Policies & Procedures:

- ☐ Personnel practices and staff training
- ☐ Resident screening and admission
- ☐ Fire drills, emergency procedures, resident safety and abuse reporting
- ☐ Health and sanitation
- ☐ Records maintenance and confidentiality
- ☐ Residential service plans, services and activities

- ☐ Behavior management interventions including the use of seclusion or restraints
- ☐ Food service
- ☐ Medication administration and storage
- ☐ Weapons and reasonable cause searches
- ☐ Resident belongings, storage and funds
- ☐ Resident rights, freedoms and protections
- ☐ Advanced mental health and medical health directives
- ☐ Complaints and grievances
- ☐ Setting maintenance
- ☐ Evacuation capability determination
- ☐ Fees and money management
- ☐ Cultural competency

Sample Forms:

- ☐ Summary sheet
- ☐ Admission documents
- ☐ Residential service plan
- ☐ Daily progress notes
- ☐ Monthly summaries

SECTION VI: Attestation

At the top of this section, write the name of the entity or organization. At the bottom, sign and date the form to confirm the following:

- You are authorized to submit this application
- The applicant has met all the requirements and will follow all laws, rules and standards.
- The applicant meets the requirements of any other licensing and accreditation entities
- You have included all required documents with the application
- The applicant will always keep active liability insurance
- All staff will receive and maintain the required training and have approved background checks prior to working in the setting

- The applicant follows all privacy and confidentiality laws, including [HIPAA](#) and [42 CFR Part 2](#)
 - The health, safety and well-being of residents will be the top priority
 - The applicant will meet all mandatory reporting requirements
 - Once the applicant receives a Medicaid ID number, they will register with the [ROADS](#) system within 2 weeks
 - You will report real-time bed capacity data daily using the OHA designated system
 - You understand that providing false or incomplete information may result in denial of the license.
 - You understand the license is not transferable to another person, business or location
 - You declare that everything in the application is true, correct and complete, under penalty of perjury
-

Step 4: Submit Your Application

Once your application form is filled out completely and you have gathered all required documents and your application fee, you're ready to submit. You can submit your application in one of these ways:

1. **Online through:** <https://or.accessgov.com/dhshoha> *(includes payment)*
 2. **By Email:** BHD.MH.Applications@oha.oregon.gov
And mail your payment to:
Oregon Health Authority – BHD Licensing
500 Summer St NE, E86, Salem, OR 97301
-

What Happens After Submission?

1. OHA will review your application to make sure it is complete. If your application form is incomplete, it will be returned and not processed.

2. If anything is missing, incomplete or unclear in your documents, OHA will send you a notice with instructions and a deadline for fixing the issues.
 3. Once your full application is received and verified, OHA will schedule an onsite inspection of your facility.
 4. If the inspection finds any problems, you will have 30 days to correct them. You must submit a Plan of Correction that explains what you fixed and how.
 5. After everything is approved, OHA will issue a license for up to 2 years.
-

Avoid these Common Mistakes

Making these errors can delay your application or cause it to be voided if not fixed within 60 days:

- Leaving parts of the application blank – Every field must be filled out with accurate information. Incomplete forms will be returned and not processed.
- Not submitting all required documents – Missing paperwork will delay your review and may lead to your application being voided if not fixed timely.
- Submitting policies and procedures that are incomplete or not specific to your facility – Generic or missing content will cause delays and may result in the application being voided if not corrected timely.
- Submitting an incomplete plan of operation – Your plan must clearly explain how your facility will be run. Incomplete plans must be corrected timely, or the application will be voided.
- Facility doesn't meet required building or safety standards – If your site doesn't meet the rules, you'll need to make corrections. If not fixed timely, your application will be voided.
- Residency agreements that don't follow Oregon law – Agreements must follow Oregon landlord-tenant laws and licensing rules. If not corrected timely, the application will be voided.

Appendix A: Attachments Explained

Oregon SOS Business Registry – The Oregon Secretary of State (SOS) Business Registry is an official list of all businesses that are legally registered to operate in Oregon. It is managed by the Secretary of State's Corporation Division. Oregon law requires you to register your business name and if you plan to use a name for your facility other than your legal name or your company's official name, you must register that name as well. This is called an Assumed Business Name, also known as a "Doing Business As" (DBA) name.

What Information is in the Oregon Business Registry

The Oregon SOS Business Registry provides basic public information about every business registered in the state. This includes:

- Business Name – The official name the business is registered under.
- Business Type – Whether the business is a corporation, limited liability company (LLC), nonprofit, or another type.
- Registered Agent – The name and address of the person or service that receives official legal and government documents on behalf of the business.
- Main Office Address – The main physical location of the business.
- Registration Status – Shows whether the business is currently active, inactive, or has been dissolved.
- Registration and Renewal Dates – The date the business was first registered, and when it needs to renew its registration to stay in good standing.

Why the Oregon Business Registry Matters

Registering your business with the Oregon Secretary of State is more than just a formality. It's important because:

- Legal Compliance – Oregon law requires you to register your business name before you start operating. If you don't, you could face penalties or delays in opening your business.
- Public Transparency – The registry lets the public, customers, and state agencies see who owns a business, where it's located, and whether it's in good standing. This builds trust and credibility.
- Proof of Legitimacy – Licensing, permitting, and contracting agencies use the registry to confirm that your business is officially registered and active. Without it, you may not be able to get licenses or enter into contracts.

How to Register or Look Up a Business in Oregon

If you need to register a new business or assumed business name (DBA), or if you

want to check whether a business is already registered, visit the Oregon Secretary of State's website: sos.oregon.gov/business/Pages/register.aspx

This site lets you:

- Start a new business registration
- File an assumed business name
- Search for existing businesses
- Check registration status and renewal dates

It's the official and easiest way to handle business name registrations in Oregon.

More About Businesses in Oregon

The Oregon Secretary of State published "[Oregon Start a Business Guide](#)" on starting a successful business and "[Oregon Employer's Guide](#)". We encourage all applicants to read these resources before submitting an application.

IRS Form SS-4 Verification (EIN) or Social Security Number (SSN) – The IRS Form SS-4 is the form used to apply for an Employer Identification Number (EIN) from the Internal Revenue Service (IRS). An EIN is a unique 9-digit number that works like a Social Security Number (SSN) – but for a business instead of a person. The IRS uses it to identify your business for tax purposes.

Why it matters

- You need an EIN to open a business bank account, hire employees, and file taxes.
- Most businesses must have an EIN before applying for a license or permit.
- If you're a sole proprietor with no employees, you may use your **SSN** instead – but many still choose to get an EIN for privacy and professionalism.

Who Gets an EIN

The IRS gives an Employer Identification Number (EIN) to many types of people and organizations that need to report taxes or run a business. It's not just for big companies – many different groups need one. An EIN is issued to:

- Employers – Any business that hires employees.
- Sole Proprietors – People who own a business by themselves.
- Corporations – Including both small and large companies.
- Partnerships – Two or more people running a business together.
- Nonprofit Organizations – Charities, religious groups, and others that don't operate for profit.
- Estates and Trusts – When managing someone's estate or setting up a legal trust.

- Government Agencies – Federal, state, and local.
- Certain Individuals and Legal Entities – Like limited liability companies (LLCs) and others that need a tax ID.

Even if you're not required to have one, many people get an EIN to keep their personal Social Security Number private when doing business.

How to Verify an EIN

To prove that your business has an official Employer Identification Number (EIN) from the IRS, you may be asked to provide one of the following documents:

- A copy of IRS Form SS-4 – This is the application form you filled out to request an EIN.
- IRS Confirmation Letter (CP 575 Notice) – This is the letter the IRS sends when they assign you an EIN. It's the most common and accepted proof.
- Any official IRS document showing the EIN – This could include later letters or forms from the IRS that list your EIN.

These documents help verify your business identity for licensing, tax reporting, and banking purposes.

Using an SSN for a Business

If you're a sole proprietor (someone who owns a business by yourself) and you are not using a separate business name – meaning you're operating under your own legal name – you may use your Social Security Number (SSN) instead of getting an Employer Identification Number (EIN).

Why EIN or SSN Matters

Making sure an EIN (Employer Identification Number) or SSN (Social Security Number) is valid and matches the business or person applying is important for several reasons:

- Confirms Identity – It proves the business entity, or person is real and legally recognized.
- Required for Processes – Licensing, certification, tax filing, and hiring employees all require a valid tax ID (EIN or SSN).
- Prevents Fraud – Verification helps make sure someone isn't using a fake or stolen identity to open or operate a business.

In short, EIN or SSN verification protects public trust and helps ensure only qualified, legitimate applicants are approved.

How to Apply for an EIN (Employer Identification Number)

If your business needs an EIN, you can apply in one of these ways:

- Online: The fastest way is to apply on the IRS website. You get your EIN immediately after completing the application.
- By Mail or Fax: You can fill out IRS Form SS-4 and send it to the IRS by mail or fax, but this takes longer.

Visit the official IRS page to apply online or get the form:

<https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>

CMHP Acknowledgement Letter - Oregon's Community Mental Health Programs (CMHPs) exist to create a complete and coordinated system of care for individuals with mental health needs. CMHPs promote mental wellness, prevent mental health problems from starting or getting worse, provide services focused on the individual's needs and help people live full lives including learning, working and participating in their communities.

What Community Mental Health Programs (CMHPs) Do

CMHPs have many important duties to make sure people with mental health needs get the right care and support:

- Build and Manage Service Networks - They create and maintain a network of mental health services that are easy for people to access.
- Coordinate Care for Complex Needs - They help manage care for individuals who have complicated situations, including those involved with the criminal justice system.
- Make Residential Placements - CMHPs work with licensed providers to place individuals in appropriate residential programs.
- Oversee Special Legal Provisions - They supervise individuals who are under Community Restoration or Aid and Assist orders.
- Ensure Quality and Cultural Responsiveness - They make sure services are trauma-informed, respectful, and culturally appropriate for the people served.

By working closely with residential programs, outpatient clinics, hospitals, and community groups, CMHPs help people stay connected to care, avoid unnecessary hospital stays, and support recovery in their communities.

CMHP Acknowledgment Letter

As part of getting licensed, you need to provide a letter from your local Community Mental Health Program (CMHP). This letter shows that you have:

- Made initial contact and started a working relationship with the local CMHP
- Told the CMHP that you plan to operate a licensed residential mental health program
- Offered to be a resource for providing residential services to people referred to or supported by the CMHP

This letter is not a formal approval or contract. It just confirms the CMHP knows about your program and may include it in their network of residential services. To find your local CMHP, visit: <https://www.oregon.gov/oha/hsd/amh/pages/cmh-programs.aspx>.

Program Services – When applying to operate a residential mental health program, you need to describe your program clearly. This overview should explain how your program will:

- Provide a safe and supportive environment for people with serious mental health conditions
- Focus on recovery, helping residents get better and live well
- Use trauma-informed care, meaning the services recognize and respect past trauma
- Offer person-centered services tailored to each resident's unique needs
- Help residents achieve stability, greater independence, and a better quality of life

This description shows how your program will support individuals in their healing and everyday living. Explain how your program delivers these key services:

Core Services Provided

- 24-hour onsite staff and supervision to ensure safety and support always
- Medication administration to help residents manage their prescriptions safely
- Skills training and support to help residents develop daily living and coping skills
- Implementation of the person-centered service plan tailored to each resident's needs
- Crisis prevention and de-escalation to manage and reduce emergencies
- Care coordination by working with health providers and community partners

- Support of social and community integration to help residents connect with others and participate in community life
- Documentation of resident progress to track improvements and adjust care

Populations Your Program Serves

Describe the groups of people your program supports such as:

- Adults with serious and persistent mental illness
- Adults with both mental health and medical or developmental conditions
- Young Adults in Transition (ages 17-25)
- Adults under legal orders such as civil commitment, aid and assist or guilty except for insanity

Your Program Philosophy

- Person-centered care focusing on the individual's preferences and goals
- Trauma-informed practices recognizing and responding to trauma in a respectful way
- Recovery-oriented services supporting healing and hope for the future
- Culturally responsive and equitable services respecting diverse backgrounds and ensuring fair treatment
- Collaborative partnerships working together with residents, families and other providers

Proof of Administrator Experience – To qualify as an administrator of a licensed mental health residential program in Oregon, you must provide corroborating documentation clearly showing at least two years of experience in an OHA licensed residential setting providing:

- Delivery and oversight of mental health services for individuals with serious mental illness
- Residential program management including overseeing staffing, ensuring resident safety, and maintaining compliance with licensing standards
- Knowledge and application of trauma-informed care and person-centered planning, as well as knowledge of relevant administrative rules, policies and compliance requirements

Note: Your resume or personal attestation as to your experience is not sufficient, corroborating documentation is required. Experience limited to services for older adults, individuals with physical disabilities, or those with intellectual or developmental disabilities **does not qualify** as mental health care experience.

Additionally, we are unable to accept out-of-country education or experience as we are unable to verify these.

Acceptable Documentation

You must submit documentation that includes job titles, dates of employment, duties performed, and population(s) served. BHD will verify these documents with the author. The following types of documentation are acceptable:

Letters of Verification or Reference

- Must be signed and written on official letterhead
- Issued by a current or former employer, supervisor, or contracting agency
- Must confirm your specific responsibilities and the length of time you served in each role
- Must be dated and include contact information

Position Description

- Must be signed and written on official letterhead
- Issued by a current or former employer
- Must confirm your specific responsibilities and the length of time you served in the position
- Must be dated and include contact information

Professional Licenses or Certifications

- Copies of current Oregon licenses (e.g., QMHP, LPC, LCSW, RN, MD, DO)
- National certifications in behavioral health or mental health treatment

Education or Training Records

Training certificates or transcripts from accredited programs in:

- Behavioral health
- Psychology
- Social work
- Nursing
- Other related fields

Background Checks – All individuals who operate or work in a licensed Mental Health Residential Program must complete and pass an approved background check to help ensure the safety and well-being of residents. This requirement applies to administrators, owners, employees, and any others who have direct contact with residents.

What Is an Approved Background Check

An individual is considered approved if they have:

- Completed a criminal records and abuse check through the Oregon Department of Human Services (ODHS) Background Check Unit (BCU)
- Received a fitness determination showing they are approved or approved with conditions to work in a licensed program under [OAR 407-007](#)
- Met all background check and reporting standards for working with vulnerable populations

Who Must Complete a Background Check

- Program Applicant
- Program Administrator
- Program Owner or Legal Representative (if involved in program operations)
- All staff members, including direct care staff, overnight staff, and support personnel who interact with residents
- Volunteers, interns, or contractors with direct access to residents

Required Documentation

Each person listed above must have:

- A copy of the Background Check Approval Letter issued by the Oregon DHS Background Check Unit (BCU)
- The letter must clearly state the individual is approved or conditionally approved
- The approval must be current (background checks are valid for up to three years)

Note: Programs cannot be licensed, and staff may not begin working, until approved background checks are completed and on file for all required individuals.

How to Apply for a Background Check for the Initial Application

Initial background checks are initiated by Mental Health Licensing & Certification for the applicant, all owners and the administrator as part of the application process. The applicant, each owner and the administrator must complete the [Behavioral Health Division Background Check Application form](#). This form must be submitted, along with a copy of the front and back of the individual's government issued identification, to BHD.MH.LCBackgroundCheckRequest@oha.oregon.gov.

How to Obtain Background Checks for other Staff

Once Mental Health Licensing & Certification has completed the initial walk-through of a potential facility/home and Mental Health Licensing & Certification is confident that a license is likely to be issued, Mental Health Licensing & Certification will complete a warm hand-off to the Background Check Unit so the applicant can apply for Qualified Entity Designee (QED) status. Once QED status is obtained, the applicant QED becomes fully responsible for initiating all background checks for all other staff in that specific facility for the initial licensure and for conducting all future background checks. The applicant must forward all approved background checks for all staff prior to the issuance of a license.

Operational Plan - The Operational Plan is a comprehensive document that outlines how your residential mental health program will provide structured, trauma-informed, and person-centered services in compliance with Oregon Administrative Rules ([OAR 309-035](#)). This plan supports your program's readiness and demonstrates how daily operations, staffing, service delivery, and resident care will be safely and effectively managed.

Program Overview

- Facility Type: Clearly state the designated facility type (e.g., Residential Treatment Home, Residential Treatment Facility, Secure Residential Treatment Facility). The type must align with your program's purpose, level of care, and the population served.
- Licensed Capacity: Specify the total number of residents who may reside at the facility at one time, based on licensed bed count and program type.
- Target Population: Define the specific population your program is designed for and equipped to serve. Include clinical, legal, and demographic characteristics such as:
 - Adults with serious and persistent mental illness (SPMI) who require structured support to maintain stability and functioning in the community.
 - Adults with co-occurring mental health and chronic medical or intellectual or development disabilities.
 - Young adults in transition who require structured residential support as they develop independence and adult living skills.
 - Adults under Civil Commitment (see [ORS 426](#)), Aid & Assist orders (see [ORS 161.370](#)) for restoration to competency, or Guilty Except for

Insanity (see [ORS 161.295](#)) under the jurisdiction of the Oregon Psychiatric Security Review Board (PSRB).

- Staffing Model: Describe your 24-hour awake staffing model, including how staff ratios and supervision align with resident needs, safety, and licensing requirements.

Staffing and Supervision

- Staffing Schedule - Provide a weekly staffing schedule that reflects adequate coverage for all shifts (day, swing, night), including weekends and holidays. The schedule must outline:
 - Number of staff per shift
 - Roles and responsibilities
 - On-call and back-up coverage
- Staff Qualifications - Outline minimum qualifications for all direct care staff, including:
 - Education and experience requirements
 - Required licensure or certifications (if applicable)
 - Orientation and ongoing training expectations
- Supervision Structure - Describe how supervision is provided, including:
 - Oversight by the administrator or program manager
 - Designated lead staff responsibilities
 - Frequency and format of staff meetings, performance evaluations, and coaching
- Training Plan - Detail your training approach, including:
 - Initial orientation for new staff
 - Core competencies (e.g., trauma-informed care, de-escalation)
 - Annual training requirements in accordance with OAR and program needs

Service Delivery

- Admission Process: Explain how referrals and admissions are managed, including collaboration with the Community Mental Health Program (CMHP), eligibility screening, intake documentation, and individualized service planning.
- Daily Routine: Describe the structured daily schedule that promotes stability, recovery, and independent living skills. The routine should be designed to

offer consistency while remaining flexible to meet individual needs, treatment goals, and therapeutic interventions. Include:

- Mealtimes
 - Medication administration
 - Therapeutic activities
 - Skill-building and recreation
 - Quiet time/sleep schedules
- Core Services Provided: Detail the core services provided to support residents in achieving mental health stability, functional independence, and successful community reintegration including:
 - Medication administration and monitoring
 - Skills training and support with activities of daily living (ADLs)
 - Behavioral support and crisis de-escalation
 - Care coordination and RSP reviews
 - Community integration and discharge planning

Resident Safety and Rights

- Safety Protocols: Describe the safety protocols the program follows to ensure the health, well-being, and protection of residents, staff, and visitors. These procedures must be based in rule requirements, best practices, and trauma-informed approaches to crisis prevention and response.
- Resident Rights & Protections: Describe the policies and procedures the program follows to ensure respectful, equitable, and safe care in alignment with state and federal regulations including Home and Community-Based Services protections (see [42 CFR §441.710](#)), trauma-informed practices, and person-centered service delivery.
- Behavioral Interventions: Explain how the program is committed to maintaining a safe, respectful, and recovery-oriented environment by utilizing trauma-informed, least restrictive, and person-centered approaches to behavioral support. Behavioral interventions are designed to reduce harm, support skill development, and maintain dignity while being non-punitive and least restrictive.

Facility Operations

- Medication Storage: Describe how the program ensures all medications are stored, the administrator protocols and recordkeeping processes to ensure safe and compliant handling of resident medications. The program must

maintain strict controls to prevent unauthorized access, ensure proper administration, and safeguard against medication errors.

- **Food Services:** Summarize how the program will provide three nutritious, well-balanced meals and one snack daily in a clean and safe environment. Address dietary accommodations, sanitation and opportunities for resident involvement.
- **Transportation:** Explain how residents will be transported to appointments, errands, and community activities. Include procedures for safe and reliable transportation access.
- **Maintenance and Cleanliness:** Detail how the facility will be cleaned and maintained. Include daily housekeeping routines, sanitation practices, and how repair needs are identified and addressed.

Quality Assurance

- **Recordkeeping:** Describe your documentation system for resident charts, incident reports, staff training, and administrative records. All records must be accurate, confidential, and aligned with professional and legal standards.
- **Compliance Monitoring:** Outline your internal systems for reviewing regulatory compliance including regular audits, corrective actions and policy updates.
- **Continuous Improvement:** Show how your program will gather and use feedback from residents, staff, and community partners, including the Community Mental Health Program (CMHP). Describe how feedback will guide services enhancements, staff training and policy improvement.

Reminder: Your Operational Plan must align with the licensing standards for your program type under [OAR 309-035](#). The plan must be detailed and specific to your site – it cannot be generic or copied from another program.

Proposed Annual Operating Budget - The Proposed Annual Operating Budget provides a detailed financial plan that demonstrates your program's ability to operate sustainably while maintaining high-quality resident care and full compliance with licensing standards under [OAR 309-035](#). A clear and accurate budget helps verify that your program is financially prepared to support safe operations, adequate staffing, and the services needed to meet resident needs throughout the year.

Revenue Sources

Clearly identify all anticipated funding sources that will support your program. These may include:

- Program fees: Private pay, insurance reimbursements, third-party payments
- Government funding: Medicaid, Oregon Health Plan, state or county grants, CMHP contracts
- Other sources: Donations, fundraising, rental income (if applicable)

Expense Categories

Your budget must account for all major operating costs associated with running a licensed residential program:

- Personnel Costs: Salaries, wages, benefits, payroll taxes for all staff (administrators, direct care, therapist, licensed medical practitioner, housekeeping, drivers)
- Training and Development: Costs for staff orientation and onboarding, ongoing staff training, required certifications, and professional development
- Facility Costs: Rent, lease or mortgage, utilities (electricity, gas, water, phone, internet, cable/satellite/streaming), facility maintenance and repairs, cleaning supplies, property maintenance, property insurance
- Program Supplies: Therapeutic and activity materials, kitchen and dining equipment and supplies, office and administrative supplies
- Transportation: Vehicle purchase/lease, fuel, maintenance, insurance, public transport costs
- Insurance: Liability, malpractice, worker's compensation, and other necessary policies
- Administrative Costs: Licensing fees, billing and accounting services, communication tools, software subscriptions (e.g., electronic health records)
- Contingency Funds: Reserves for unexpected expenses, repairs, or emergencies

Budget Justification

Provide a written narrative that explains:

- How your budget allocations support resident care, program quality, regulatory compliance

- What strategies you will use for staff retention and training
- Your internal systems for financial oversight and accountability

Submission Format

- Submit in spreadsheet or table format
- Clearly label revenue and expense categories
- Include total projected income and projected expenses for the year
- Identify any expected funding gaps and how they will be addressed (e.g., start-up capital, grants)

Note: A weak or incomplete budget may delay licensing approval. Make sure your figures are realistic, well-supported, and consistent with your operational plan and staffing model.

Cash Reserves - To demonstrate financial stability and readiness to operate a licensed residential mental health program, applicants must provide evidence of adequate cash reserves. These reserves ensure your program can continue operations—including staffing, housing, and care services—during periods of unexpected financial strain or delays in revenue (e.g., billing cycles or funding disbursement).

Required Documentation

Submit one or more of the following documents to verify your cash reserves:

- Recent bank statements (from the last 90 days) showing available cash or liquid assets
- A letter from a financial institution verifying the account balances
- Financial statements or a certified accountant's letter confirming available reserves
- All documentation must clearly show:
 - Total amount of available cash reserves
 - Liquidity and accessibility of the funds (e.g., funds are not restricted or encumbered)
 - Ownership of the funds by the applicant or legal operating entity

Note: Funds held by unrelated individuals, parent organizations, or third parties must be clearly documented with agreements showing the applicant's right to use those funds for program operations.

Required Amount

While minimum amounts may vary based on program size and structure, applicants are strongly encouraged to maintain:

- Cash reserves equivalent to at least three months of operating to demonstrate your program can remain operational during delays in reimbursement or emergency situations without compromising resident safety or regulatory compliance.

Pending Debts, Collections or Bankruptcies - As part of the licensing process, applicants must disclose any existing financial obligations or legal proceedings that could impact the financial stability or operational viability of the residential mental health program. Full transparency is required to support a fair and thorough regulatory review.

Required Disclosure

- Submit a written statement identifying any outstanding debts or financial obligations, accounts in collections, or bankruptcy filings involving the applicant, business entity, owners or key principals involved in program operations
- Details must include:
 - Nature and amounts of debts or financial matters
 - Amounts owed or involved
 - Current status and timelines of for resolution or payment
 - Description and current status of any bankruptcy proceedings (chapter type, filing date, discharge status) including date of filing
- If no such financial issues exist, you must submit a formal declaration that states "There are no pending debts, collections, or bankruptcy proceedings to disclose for the applicant, business entity or any key principals"

Why This Matters

- Allows the licensing authority to assess financial risk
- Ensures the program can remain operational and compliant under financial strain
- Reflects the applicant's commitment to transparency and fiscal responsibility
- Informs conditional approvals, monitoring plans or requests for additional assurances

Oregon Tax Compliance Certificate - The Oregon Tax Compliance Certificate is an official document issued by the Oregon Department of Revenue confirming a business or organization is current on all applicable state tax obligations. This certificate is required to verify the applicant's financial and legal compliance as part of the licensing and certification process (see [ORS 305.385](https://revenueonline.dor.oregon.gov/tap/) - <https://revenueonline.dor.oregon.gov/tap/>).

Purpose of Certificate

- Confirms the applicant has filed all required Oregon state tax returns
- Verifies that all due taxes have been paid including business income tax, payroll tax, and corporate activity tax, if applicable
- Demonstrates the applicant's good standing with Oregon Department of Revenue

How to Obtain the Certificate

- You can request a certificate from the Oregon Department of Revenue, either online or by submitting a written application
- The Department reviews the applicant's tax status and issues the certificate if all obligations are met
- The certificate remains valid for a specified period (6 months to 12 months) before a new certificate is required

Application Requirement

- You must submit a copy of the current Oregon Tax Compliance Certificate as part of the licensing or certification application package
- The certificate must be valid at the time of submission
- Failure to submit the certificate may result in delays or denial of licensure

Certificate of Liability Insurance - The Certificate of Liability Insurance is an official document issued by an insurance carrier verifying that your program holds active liability coverage. This certificate is required as part of the licensing process to demonstrate your organization's financial protection against claims of injury, property damage, or other risks related to program operations.

Purpose

- Confirms the facility has financial safeguards in place in case of accidents or injuries to residents, staff or visitors and property damage or program-related incidents
- Protects the program from lawsuits or financial loss
- Meets licensing requirements for operating a residential program

Coverage Requirements

- Coverage must meet or exceed minimum coverage limits established by Oregon Administrative Rules
- The certificate(s) must clearly show:
 - Commercial General Liability Insurance – Minimum \$1 million per occurrence and \$2 million aggregate
 - Professional Liability or Errors & Omissions – Minimum \$1 million per occurrence and \$3 million aggregate
 - Auto Liability – Minimum \$1 million combined single limit if residents will be transported by standard vehicle; minimum \$5 million combined single limit if residents will be transported by 15 passenger (or greater) bus or van
 - Physical Abuse and Sexual Molestation Coverage – Minimum \$1 million per occurrence and \$3 million aggregate
- The certificate must also list the facility or organization as the insured party and include policy number, effective and expiration dates.

Submission Requirements

- Submit a current Certificate of Liability Insurance with your application
- The certificate must be valid at the time of submission
- Renewal certificates must be provided prior to expiration to avoid gaps in coverage

Note: Failure to provide valid proof of insurance may delay or prevent license approval. Quotes are not sufficient to meet this requirement.

Workers' Compensation Insurance – The Certificate of Coverage is an official document issued by a workers' compensation insurance carrier verifying that your program holds active workers' compensation insurance coverage. This certificate is

required as part of the licensing process to demonstrate your compliance with [ORS 656.017](#).

Purpose

- Confirms the facility has workers' compensation insurance benefits for workers who become injured or sick because of their work
- Protects the program from lawsuits or financial loss
- Meets licensing requirements for operating a residential program

Why This Matters

- Oregon Revised Statute requires employers to have a workers' compensation insurance policy or be self-insured.
- To achieve compliance for licensure, all applicants must be in compliance with Oregon laws.

Submission Requirements

- Submit a current Certificate of Insurance Coverage with your application
- The certificate must be valid at the time of submission
- Renewal certificates must be provided prior to expiration to avoid gaps in coverage

Note: Failure to provide valid proof of insurance may delay or prevent license approval.

Ownership or Current Lease/Rental Documentation - To be licensed as a residential mental health program in Oregon, applicants must submit verifiable documentation demonstrating legal authority to operate at the proposed facility location. This requirement ensures that the applicant has secured and maintains legal occupancy of the site and is responsible for the premises during the program's operation.

Required Documentation

Submit the following, based on your legal relationship to the property:

- Proof of Ownership including:
 - Property deed or title
 - Most recent property tax statement
 - Mortgage agreement showing ownership interest

- A Signed Current Lease or Rental Agreement including:
 - Legal names of the applicant or operating entity and property owner/manager
 - Facility address, which must match the address on the license application
 - Lease terms specifying the duration, monthly rent amount, and signatures of all parties involved
 - Any addendums, extensions or conditions relevant to facility use

Additional Requirements

- Documentation must be current and signed by all parties
- If a lease is near expiration, include a statement explaining plans for renewal or continuity of operations

Purpose

- Confirms the applicant's legal right to use the property as a residential treatment setting
- Ensures stability and compliance with zoning, safety, and licensing regulations
- Clarifies responsibility for facility maintenance, repairs and liabilities

Note: Facility address and legal entity names must match across all submitted documentation (e.g., application, lease, tax filings).

Facility Plans if New/Altered Structure - If you are applying for licensure of a new residential mental health facility or making structural alterations to an existing site, you must submit detailed facility plans with your application. These plans ensure that the physical environment complies with safety, accessibility, and licensing regulations under Oregon Administrative Rules.

Required Facility Plans

- Architectural Drawings or Blueprints:
 - Floor plans showing all rooms and their designated purposes
 - Common areas, kitchens, medication rooms, laundry and office space
 - Entrances, exits, and emergency egress routes
 - Accessibility features (ramps, grab bars, ADA-compliant restrooms)
 - Site plans including parking, landscaping, and emergency vehicle access

- Scope of Construction or Alteration:
 - Written description of what is being built, remodeled, added or changed
 - Why the change is needed (increased capacity, code compliance, resident needs)
 - Timeline and contractor information
- Compliance Documentation:
 - Proof of compliance with Oregon Building Codes, local zoning requirements, fire safety standards, and Americans with Disabilities Act (ADA) standards for accessibility
 - Copies of permits, inspection results or approval letters from local building or zoning authorities
 - Certificate of Occupancy for use

Purpose

- Ensure the facility's layout and construction support resident safety, program functionality and regulatory compliance
- Confirms the physical setting promotes accessibility, dignity and quality care
- Supports the licensing authority in conducting pre-opening inspections and determining readiness for occupancy

Note: Failure to submit facility plans for new or modified structures may delay the licensing process or result in conditional approval pending inspection.

Floor Plan - Applicants must submit a detailed floor plan of the facility as part of the residential mental health program license application. The floor plan provides a visual representation of the facility layout and is essential for verifying that the physical environment supports safe, accessible, and effective service delivery in accordance with Oregon Administrative Rules.

Required Elements in the Floor Plan

To ensure your floor plan meets licensing standards, it must include:

- Room Identification - Clearly label all rooms including:
 - Bedrooms
 - Bathrooms
 - Kitchen and dining areas
 - Staff offices
 - Common areas and therapy rooms

- Medication storage
- Dimensions - Include accurate measurements in feet and inches of:
 - Room sizes
 - Hallways and door widths
 - Shared and private spaces
- Capacity and Occupancy – Indicate:
 - Maximum number of beds in each sleeping area
 - Resident capacity by room
 - Private vs shared bedrooms
- Accessibility Features – Identify accessibility features including:
 - Wheelchair-accessible routes and entrances
 - Grab bars and roll-in showers
 - Door widths and turning radius
 - Ramps, lifts or elevators
- Emergency Exits – Clearly mark all:
 - Emergency exit doors and stairwells
 - Fire escapes
 - Evacuation routes
- Safety Features – Show the location of:
 - Fire extinguishers
 - Smoke and carbon monoxide detectors
 - Fire sprinkler systems
 - Fire alarm control panels
- Security Measures – Indicate controlled-access or restricted areas such as:
 - Medication storage rooms
 - Staff-only spaces
- Common Areas - Identify rooms designated for:
 - Dining and Meal Prep
 - Recreation or lounge areas
 - Therapy and group activities
- Support Spaces – Identify support areas including:
 - Laundry rooms
 - Janitorial or maintenance closets
 - Utility or mechanical rooms
 - Storage for supplies or resident belongings

Purpose

- Verifies the physical layout supports resident safety, accessibility and privacy
- Ensures the facility meets licensing standards for residential programs
- Allows review and inspection by licensing authorities
- Aids in staffing plans, emergency procedures and service delivery design

Fire Marshal Inspection Report – The Fire Marshal Inspection Report is an official document issued by your local fire authority confirming that your facility has been inspected and is in full compliance with applicable fire safety codes and regulations. This report is a critical requirement to ensure the health and safety of residents, staff, and visitors in a licensed residential mental health program.

Key Components of the Inspection

- Verifies a working fire detection and alarm systems
- Confirms adequate and accessible emergency exits and evacuation routes
- Verifies working fire sprinklers and fire extinguishers
- Ensures safe storage of flammable materials and hazardous substances
- Verifies proper fire-resistant building materials and construction features
- Compliance with fire codes signage and emergency lighting

Submission Requirements

- You must submit a current, signed, and dated Fire Marshal Inspection Report
- The report must show the facility is approved or compliant with no outstanding violations
- If any deficiencies are noted, you must submit written proof of corrections and a follow-up inspection report confirming approval or compliance

Purpose

- Confirms the facility is safe and prepared for emergencies
- Verifies compliance with state and local fire codes
- Supports licensing approval by demonstrating readiness to protect residents, staff and visitors

Sprinkler System - All applicants seeking licensure for a residential mental health facility must provide verification that the facility is equipped with a functioning and properly maintained fire sprinkler system. This requirement ensures that effective fire suppression systems are in place to protect residents, staff, and property in the event of an emergency.

Key Requirements

- Sprinkler System Installation - Confirmation a fire sprinkler system is installed throughout the facility in compliance with Oregon Fire Code and local building code
- Maintenance and Inspection - Documentation of routine inspections, testing, and maintenance performed by licensed fire safety contractor or technician
- Current Maintenance Tag - The sprinkler system must display a maintenance tag showing the most recent inspection date, the technician or company name and certification the system is operational and compliant

Submission

- Provide copies or photographs of the maintenance tag affixed to the sprinkler system
- Submit the most recent inspection and maintenance reports from qualified technicians or fire safety contractors
- Ensure documentation is current (typically within the past 12 months)

Purpose

- Ensures the facility has a functional fire suppression system in place
- Confirms compliance with state and local fire safety regulations
- Demonstrates a proactive commitment to the safety and well-being of residents and staff

Certificate of Use or Certification of Occupancy - An official document issued by the local building or planning authority that confirms your facility complies with local building codes, zoning laws and safety standards. This certificate is required to legally occupy and operate the facility.

When Required

- Certificate of Use is required to occupy and operate any facility already built when there is a change in the use of that facility (e.g., converting a home or commercial space into a residential treatment setting)
- Certificate of Occupancy is required to occupy and operate any newly constructed facility or when significant remodeling or alterations were completed

What the Certificate Includes

- Confirms the building is safe and suitable for occupancy
- Verifies all building, electrical, plumbing, mechanical and fire safety inspections have been completed and passed
- Provides local jurisdiction's approval to use and occupy the facility for the intended residential program use

Submission Requirements

- Submit a copy of the approved Certificate of Use or Certificate of Occupancy as part of the licensing application
- Ensure the certificate matches the facility's physical address, reflects the intended program use and is current and not marked "temporary" or "conditional"
- Provide updated certificates after any major renovations or changes in facility use

Purpose

- Verifies compliance with building, zoning and life safety codes
- Provides official approval to occupy and operate the program
- Supports a safe, stable and legally authorized environment for residents, staff and visitors

Safe Water Supply - If your residential mental health facility uses a private water source – such as a well, spring, or private water system – you must provide documentation confirming that the water supply is safe, potable, and compliant with health standards required for licensed care settings.

Key Verification Elements

- Water Testing Results – Submit recent laboratory analysis reports (within the last three months) showing the water is safe for human consumption and free from contaminants such as bacteria, nitrates, heavy metals, and other harmful substances
- Water System Inspection – Provide documentation of routine inspection and maintenance of the water source and delivery system and maintenance of treatment systems in place (e.g., filtration, disinfection)
- Compliance Certification – Submit a current certification or approval from state or local health department or environmental agency programs verifying water safety.

Submission Requirements

- Submit water testing reports and health department certifications with the application
- Provide a schedule for future water testing, monitoring and maintenance

Purpose

- Ensures residents and staff have access to potable, safe drinking water
- Prevents health risks associated with contaminated or untreated water
- Demonstrates facility compliance with state and local health and safety regulations

Job Descriptions - As part of the residential program licensing process, applicants must submit written job descriptions for all positions within the facility. Job descriptions are essential to ensure staff roles are clearly defined, ensure appropriate staffing levels and confirms alignment with regulatory expectations.

What Each Job Description Must Include

- Job Title - Clearly state the position title (e.g., Administrator, Direct Support Professional, Lead Staff, Nurse, Cook)
- Purpose of the Position - A summary of the role's overall responsibilities in supporting the program and residents
- Key Duties and Responsibilities - Specific tasks the employee is expected to perform (e.g., medication administration, ADL support, documentation, meal prep, cleaning)

- Minimum Qualifications - Required education, experience, certifications, or licenses (e.g., CPR/First Aid, QMHA, CNA, food handler card)
- Preferred Qualifications (if applicable) - Additional traits, training, or experience that are desirable but not required
- Supervisory Relationships - To whom the employee reports and whether the role includes oversight of others
- Work Schedule Expectations - Typical shift coverage, weekend or overnight requirements, and on-call duties if applicable
- Essential Physical and Cognitive Requirements - Any physical demands (lifting, standing) or critical decision-making/judgment skills required
- Training Requirements - Required training (initial and ongoing) including trauma-informed care, person-centered planning, and emergency response

Purpose

- Ensures staff are appropriately qualified and understand their responsibilities
- Assists licensing reviewers in verifying adequate staffing models and role clarity
- Promotes safe, consistent, and person-centered care

Pre-Service Training – Pre-Service training is the mandatory initial education and orientation provided to new staff before they begin working independently in a licensed residential mental health setting. This training ensures staff are prepared to provide safe, trauma-informed and person-centered care.

Required Components of Pre-Service Training

- Comprehensive tour of the setting – includes complete walk-through of facility, introduction to residents and program staff, review of residency agreement, explanation of available services and activities, and discussion of the conditions under which residency could be involuntarily transferred or discharged
- Emergency procedures – emergency preparedness and safety, fire safety, evacuation procedures, disaster response, administration of opioid antagonist medications, incident reporting, infection control and universal precautions

- Background on mental, emotional or behavioral disorders and conditions – includes understanding trauma impact, avoiding re-traumatization, promoting emotional safety and trust, and person-centered service planning and service delivery
- Behavioral management including interventions and de-escalation techniques – includes de-escalation and crisis response techniques, recognizing early signs of escalation, use of least restrictive interventions and safety planning
- Overview of Resident Rights & Protections - Confidentiality, informed consent, complaint procedures, protection from abuse/neglect
- Medication management procedures – includes safe handling, documentation, storage and administration protocols
- Food service arrangements – includes kitchen safety, sanitation procedures, universal precautions, managing food allergies
- Grievances, complaints and an overview of the Oregon Residential Facilities Ombudsperson program – includes processes for receiving and responding to grievances and complaints and protections from coercion and retaliation
- Review of each resident’s assessment and residential service plan – includes review of person-centered service plans and advance directives, and review of the process for individually-based limitations
- Cultural Responsiveness and Equity - Serving diverse populations with cultural humility and inclusive practices
- Completion of Mandatory Reporting for Individuals Working in Community Mental Health – Recognizing and reporting abuse, neglect, or exploitation per Oregon law
- Completion of an approved HCBS training course – understanding resident rights, freedoms and protections
- Overview of job description and scheduled shifts – includes roles, responsibilities, qualifications, and expectations

Documentation and Tracking

- Maintain individual training records in each staff member’s personnel file
- Training logs must include:
 - Topic name

- Date completed
- Trainer's name and credentials
- Attendee signature
- Certificate of completion (when applicable)

Purpose

- Ensures all staff are competent and prepared to deliver high-quality care
- Reduces safety risks and supports regulatory compliance
- Builds a foundation for professional accountability and performance expectations

Required Trainings - All staff—including the program administrator and direct care personnel—must complete specific, state-mandated trainings before independently working with residents in a licensed residential mental health program. These trainings ensure that staff are competent, trauma-informed, and legally compliant, supporting a safe and high-quality care environment.

Required Training Areas Include:

- Culturally Responsive Care
- Implementing Person-Centered Service Plans
- Behavioral Management, De-escalation and Crisis Intervention
- Daily Living Skills Development
- Nutrition
- Opioid Overdose Kits and Administration of Opioid Antagonist Medication
- Understanding Mental Illness
- Sanitary Food Handling
- Resident Rights, Freedoms and Protections
- LGBTQIA2S+
- Identify Health Care Needs
- Complaints, Grievances, and Incidents
- Psychotropic Medications
- Resident Confidentiality

- CPR and First Aid Certification (from approved providers)
- Medication Administration (if applicable to staff duties)
- Trauma-Informed Care
- Emergency Preparedness and Safety Protocols
- Infection Control and Universal Precautions
- Worker Safety
- Mandatory Abuse Reporting

Acceptable Forms of Evidence

- Certificates of Completion with:
 - Staff member's name
 - Date of completion
 - Name of course/training
 - Name and credentials of trainer or training organization
 - Duration or number of training hours
- Training Log or Tracker for each staff member
 - Can include all required pre-service and ongoing trainings
 - Must be signed by trainer or supervisor if internal training was provided
- CPR/First Aid Cards (current and not expired)
- Course Transcripts or records from approved online training platforms

Purpose

- Verifies that staff are properly trained before providing care
- Demonstrates compliance with [OAR 309-035](#) standards
- Supports resident safety, rights protection, and quality care delivery

Professional Licenses and Certifications - Applicants must submit proof of current, valid professional licenses and certifications for all staff members whose roles require them. This confirms that individuals providing or supervising services meet Oregon's regulatory and professional standards boards.

Who Needs to Provide This Documentation?

- Licensed Clinical Staff
 - Examples: Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Psychologist (PhD/PsyD), Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Medical Staff
 - Examples: Registered Nurse (RN), Nurse Practitioner (NP), Medical Doctor (MD), Naturopathic Physician (ND)
- Qualified Mental Health Professionals (QMHPs)
 - Certification through MHACBO or equivalent required
- Qualified Mental Health Associates (QMHAAs)
 - Certification through MHACBO or equivalent required

Required Documentation

- Copy of current license or certification clearly showing:
 - Name of the licensee
 - Credential type and level
 - Issuing authority (e.g., Oregon State Board of Nursing, Oregon Board of Licensed Professional Counselors and Therapists, MHACBO)
 - License or certificate number
 - Expiration date
- Verification from official licensing board (optional but recommended)
 - Screenshots or PDFs from online license lookup systems accepted if directly from the board's site

Purpose

- Ensures that services are delivered and supervised by qualified professionals
- Confirms compliance with Oregon Administrative Rules ([OAR 309-035](#))
- Protects resident safety and promotes quality care

HCBS Self-Assessment - All residential mental health programs must complete a Home and Community-Based Services (HCBS) Self-Assessment to demonstrate compliance with federal HCBS Settings Rule requirements. This assessment ensures the program operates in a non-institutional, person-centered manner that supports resident autonomy, integration, and rights.

What is the HCBS Self-Assessment?

The HCBS Provider Self-Assessment is a structured tool developed by the Oregon Health Authority (OHA) that helps providers:

- Evaluate their setting's compliance with HCBS criteria
- Identify areas for remediation (if needed)
- Submit documentation for OHA review and validation

The assessment typically includes questions in these domains:

- Resident Rights & Choice
- Community Integration & Access
- Autonomy & Decision-Making
- Physical Environment
- Service Delivery Practices

What You Must Submit

- Completed HCBS Self-Assessment form
- Supporting documentation or policies that verify compliance (e.g., social covenants, service plans, rights postings)
- Remediation plan if any responses indicate non-compliance

The form must be completed honestly and thoroughly, signed by the Administrator, and submitted with your application packet.

Where to Find It

You can download the most current self-assessment form and guidance at:

<https://www.oregon.gov/odhs/providers-partners/Pages/hcbs.aspx>

Purpose

- Ensures the facility aligns with the federal HCBS Final Rule ([42 CFR §441.301](#))
- Promotes individual dignity, inclusion, and person-driven services
- Supports Medicaid Funding eligibility and participation in Medicaid-based service programs

Social Covenants – Social covenants are voluntary agreements among residents that promote a safe, respectful, and recovery-oriented living environment by supporting structure, well-being, and community living, while protecting resident rights, autonomy, and dignity. If a licensed mental health residential program establishes social covenants, they must be posted in the setting and included in the Residency Agreement.

What to Include in Your Social Covenants Document

Social covenants must be written in plain language, posted visibly in the facility, and reviewed with residents during admission and orientation. Key topics may include:

- Mealtimes and shared responsibilities
- Quiet hours
- Personal space boundaries
- Prohibition of weapons or drugs
- Smoking/vaping rules (including designated areas if allowed)
- Respectful communication
- No violence, harassment, or bullying
- Conflict resolution process
- Confidentiality and privacy
- Freedom from discrimination, retaliation, or restriction
- Complaint procedures and access to grievance forms
- Personal decision-making and access to belongings

Important Notes

- Social covenants must not conflict with rights under [OAR 309-035-0190](#) (Resident Rights)
- Facilities may not use overly restrictive social covenants that violate HCBS principles
- Social covenants must be approved by the licensing body and reviewed during inspections

Residents must receive a copy of the social covenants at admission, and any changes must be communicated in writing and explained in person.

Residency Agreement - A Residency Agreement is a written document that outlines the terms, rights, and responsibilities of both the resident and the residential program. It serves as a legal and ethical framework for residency and must reflect compliance with [OAR 309-035-0190](#) (Resident Rights), HCBS rules, and general landlord-tenant principles where applicable. The Residency Agreement must be provided to the potential resident in their preferred language.

Purpose of the Residency Agreement

- Establish clear expectations between the facility and the resident
- Promote transparency, mutual respect, and accountability
- Protect residents' legal rights while supporting safety and recovery
- Satisfy Home and Community-Based Services (HCBS) requirements for person-centered and non-institutional housing

Minimum Required Elements

- Room and board rate describing the estimated public and private pay portions of the rate
- Services and supports provided in exchange for payment of room and board rate
- Conditions under which the program may change the rates and apply charges or fees
- A statement indicating the resident is not liable for damages considered normal wear and tear
- Refund policy for residents eligible for Medicaid services, including pro-rating partial months and if the room and board payment is refundable
- Refund policy in instances of a resident's hospitalization, death, transfer to a nursing facility or other care facility, and voluntary or involuntary move from the program
- The program's policies on voluntary moves and whether written notification of a non-Medicaid resident's intent to not return is required

- The potential reasons for involuntary transfer or discharge of residency in compliance with [OAR 309-035-0170](#) and resident's rights regarding the administrative hearing process
- Policy prohibiting the possession and use of weapons on the program's property by all residents, visitors and staff
- Policy describing reasonable causes when there is direct observations and specific credible reporting of the potential for a weapon and methods for conducting a safe search for weapons and required procedures to follow when a weapon is discovered
- Policy regarding tobacco smoking in compliance with the [Tobacco Free Facilities and Services](#) Policy established by OHA
- Policy regarding the presence and use of legal medical and recreational marijuana
- Any policies the program may have on the presence and use of illegal drugs or substances
- Policy addressing pets and service animals. The program may not restrict animals that aid or perform tasks for the benefit of a person with a disability.
- Schedule of mealtimes with no more than a 14-hour span between the evening meal and the follow morning's meal
- The program's social covenants which must not conflict with resident rights and freedoms
- Statement informing the resident of the freedoms authorized by [42 CFR §441.710\(a\)\(1\)](#) that may not be limited without the informed, written consent of the resident or the resident's legal representative or supervising entity including:
 - Live under a legally enforceable agreement with protections substantially equivalent to landlord-tenant laws;
 - The freedom and support to access food at any time;
 - To have visitors of the resident's choosing at any time;
 - Have a lockable door in the resident's unit that may be locked by the resident;
 - Choose a roommate when sharing a unit;
 - Furnish and decorate the resident's unit according to the Residency Agreement;

- The freedom and support to control the resident's schedule and activities; and
- Privacy in the resident's unit.

Signatures

- Resident or resident's legal representative signature and date
- Administrator or facility representative signature and date

Residents must receive a copy of the signed agreement at admission, and the facility must retain a copy in the resident's file for compliance review.

Policies and Procedures - Applicants must submit a comprehensive and site-specific Policies and Procedures (P&Ps) Manual that clearly outlines how the residential program will operate in compliance with Oregon Administrative Rules ([OAR 309-035](#)), federal HCBS requirements, and best practices in trauma-informed care, resident rights and safe residential service delivery.

Your Policies and Procedures Manual serves as a set of formal instructions that outline how your staff perform daily functions, respond to routine and emergency situations, and uphold the standards of safety, care, and compliance in your residential mental health program.

These policies must be specific to how your facility will operate. They provide the structure and guidance necessary to:

- Ensure consistency and continuity of care
- Protect the health, safety, and rights of residents
- Protect the health and safety of staff
- Promote trauma-informed, person-centered practices
- Demonstrate compliance with Oregon Administrative Rules ([OAR 309-035](#)), the Home and Community-Based Services (HCBS) Settings Rule, and other relevant regulatory requirements

Why They Matter

- These policies serve as a daily reference for direct care staff, administrators, and clinical supervisors.
- They reduce ambiguity by standardizing how decisions are made, how residents are supported, and how safety is maintained.

- During a licensing review, Compliance Specialists will evaluate your manual to determine your program's readiness to operate and its capacity to provide safe, effective, and rights-respecting care.

Key Expectations

- Policies must reflect the actual practices you will implement—not generic templates or the language specified in the OARs.
- Procedures must include clear steps for staff to follow in common and high-risk situations.
- Your manual must be a living document that is reviewed and updated regularly to reflect changes in staffing, rules, or program structure.

Well-developed policies and procedures not only protect residents—they protect staff and the program by ensuring everyone is aligned, accountable, and prepared. Below is the list of critical policy categories your submission must include:

Program Operations

- Organizational Structure (roles, responsibilities, chain of command)
- Staffing Plan and Job Descriptions
- Staff Supervision & Performance Evaluation
- Staffing Ratios and Scheduling
- Personnel Records and Qualifications
- Training and Orientation Requirements
- On-call Clinical Support Procedures
- Admission and Discharge Criteria
- Program Philosophy and Mission
- Emergency Preparedness and Evacuation
- Facility Maintenance and Cleanliness
- Transportation Policy
- Recordkeeping and Documentation Standards
- Employee Safety Plans
- Limited English Proficiency (LEP) Services

- Facility Closure

Resident Care & Safety

- Resident Rights (per [OAR 309-035-0190](#))
- Informed Consent Procedures
- Trauma-Informed and Person-Centered Practices
- Medication Administration and Storage
- Weapons and Reasonable Cause Searches
- Confidentiality and HIPAA Compliance
- Grievance and Complaint Process
- Behavioral Support and De-escalation Techniques
- Prohibited Practices (e.g., restraint, seclusion)
- Infection Control and Universal Precautions
- Incident Reporting and Follow-Up
- Nutritional Standards and Meal Preparation
- Personal Hygiene and ADL Support
- Fire Safety, Drills, and Inspections
- Resident Leave Authorization (secure facilities only)

Compliance & Oversight

- HCBS Compliance Statement
- Internal Quality Assurance & Audits
- Corrective Action Plans
- Resident and CMHP Feedback Integration
- Data Collection and Program Evaluation

Format Recommendations

- Organize your manual by policy area or department
- Use headers, numbering, and consistent formatting

- Include dates of approval and review on each policy
- Have each policy signed by the administrator or governing body if applicable

NOTE: These policies must reflect actual, implementable practices – not just compliance language from the OARs.

Sample Forms - To support regulatory compliance and demonstrate operational readiness, applicants must provide sample forms that reflect the residential program's internal procedures for delivering safe, trauma-informed, and person-centered care. These forms show that your team is prepared to manage admissions, track resident progress, support decision-making, and uphold residents' legal rights.

Purpose of Sample Forms

- Demonstrate program readiness to implement structured and rights-based documentation
- Ensure consistency and accountability in staff practices
- Support compliance with Oregon Administrative Rules (OAR 309-035) and Home and Community-Based Services (HCBS) regulations
- Promote person-centered care through individualized and respectful documentation

Essential Sample Forms

You must submit draft versions of the following internal-use forms. These samples must use clear, trauma-informed, person-centered language, and include required signature/date lines for verification.

- Summary Sheet - Basic intake cover sheet capturing key resident information (name, DOB, Medicaid number, diagnosis, emergency contacts, legal status, etc.) This must include all the requirements outlined in [OAR 309-035-0130\(4\)\(a\)](#).
- Admission Documents - Including orientation checklist, signed receipt of social covenants, grievance procedures, and residency agreement
- Residential Service Plan (RSP) - Person-centered plan outlining the resident's goals, supports, preferences, and timelines (includes CMHP collaboration). This must include all the requirements outlined in [OAR 309-035-0185\(6\)](#).

- Daily Progress Note Template - Standardized format for documenting detailed day-to-day resident observations, interactions, service delivery, and mood/behavioral notes. These must meet the requirements outlined in [OAR 410-120-1360](#), [410-172-0620](#) and [410-173-0045](#).
- Monthly Summaries - Narrative or checklist template for summarizing resident progress toward goals, service effectiveness, and any concerns

These forms must reflect trauma-informed, person-centered language, include signature and date lines, and be stored securely per OAR documentation requirements.

Appendix B: Definitions

Administrator – The individual designated by the licensee as responsible for the daily operations and maintenance of the RTH, RTF or SRTF.

Aid & Assist (A&A) – Individuals under a court order issued under ORS 161.370 needing competency restoration.

Applicant – The individual or entity who owns, seeks to own or operate, or maintains and operates a program and is applying for a license.

Behavioral Health Division (BHD) – The division of the Oregon Health Authority responsible for licensing community-based residential treatment facilities and homes for adults with mental health conditions.

Board of Directors/Board Members – Individuals who serve on a board of directors for an organization such as a company or nonprofit, and is responsible for overseeing its governance, strategy and financial health.

Business Registry Number – A unique identifying number assigned to a business entity by the Oregon Secretary of State.

Certificate of Occupancy – A document issued by the local building code authority that certifies a new building or significantly remodeled building is safe and meets all applicable building codes and regulations for occupancy based on its intended use.

Certification of Use – A document issued by the local build code authority that certifies a current building meets all applicable building codes and regulations for its intended use.

Classification – Level of care a licensed RTH or RTF can provide to serve persons including:

- Class 1 – A licensed Secure RTH or RTF approved to be locked to prevent a person from leaving the facility, to use seclusion and restraint, and to involuntarily administer psychiatric medication.
- Class 2 – A licensed Secure RTH or RTF approved to be locked to prevent a person from leaving the facility.
- Class 3 – A licensed RTH or RTF.

Code of Federal Regulations (CFR) – A compilation of the general and permanent rules published in the Federal Register by the departments and agencies of the US federal government.

Community Mental Health Program (CMHP) – the organization of service for individuals with mental health conditions, operated by or contractually affiliated with a local mental *health authority operating in a specific geographic area of the state*.

Corporation – A legal entity created under Oregon statute by submitting articles of incorporation with Business Registry to the Oregon Secretary of State. A corporation is owned by its shareholders, in whose names the shares are registered in the records of the corporation.

Directors - Individuals who serve on a board of directors for an organization such as a company or nonprofit, and is responsible for overseeing its governance, strategy and financial health.

Employer Identification Number (EIN) – a unique federal tax ID number for businesses issued by the IRS.

Fire Marshal Inspection Report – Official document created by Deputy Fire Marshal's detailing the findings of a fire safety inspection of an RTH, RTF or SRTF.

General Partnership – An association of two or more people doing business. All partners are personally liable for the obligations of the business.

Guilty Except for Insanity (GEI) – Individuals under a court order issued under ORS 161.327 or 161.336, or under a PSRB court order issued under ORS 419C.530, ORS 426.220, ORS 426.701 or ORS 426.7402 needing mental health treatment.

Individual Taxpayer Identification Number (ITIN) – a unique nine-digit federal tax number issued by the IRS to ensure individuals can comply with US tax laws.

Liability Insurance – A type of insurance that protects individuals or businesses from financial losses due to legal claims arising from injuries or property damage they cause to others and costs associated with lawsuits, settlements and judgments resulting from negligence or other liabilities.

Licensed Independent Practitioner (LIP) – A physician, nurse practitioner or naturopathic physician.

Licensing & Certification (L&C) – The specific unit within BHD responsible for licensing community-based residential treatment facilities and homes for adults with mental health conditions.

Limited Liability Company – An unincorporated association having one or more members. The LLC can be managed by managers or members.

Limited Partnership – Consists of at least one general partner and one limited partner. The general partners control the business and are liable for debts and obligations of the partnership.

Limited Liability Partnership – An association of two or more people doing business. It is restricted to partnerships that offer a professional service as defined by ORS Chapter 67.

Medicaid Provider Enrollment Unit (PEU) – The specific unit within the Oregon Health Authority that handles the process of enrolling healthcare providers to participate in the Oregon Medicaid program.

National Provider Identification Number (NPI) – A unique 10-digit identification number issued to healthcare providers by the Centers for Medicare & Medicaid Services (CMS).

Occupancy Code – Classifications that dictate specific building code requirements related to fire safety and structural integrity as outlined in the Oregon Structural Specialty Code.

Oregon Administrative Rule (OAR) – Rules that state agencies use to carry out the Oregon Revised Statutes (ORS) passed by the Oregon Legislature.

Oregon Health Authority (OHA) – The state agency that oversees various health-related programs including behavioral health and Oregon's Medicaid program.

Oregon Revised Statute (ORS) – The official, codified body of statutory law for the State of Oregon, it encompasses all the laws enacted by the Oregon Legislative Assembly.

Oregon Secretary of State (SOS) – An independent, elected constitutional officer within the executive branch of Oregon's state government who has oversight of business services.

Owner – An individual who has partial or full ownership of a business.

Plan of Correction (POC) – Written response submitted to BHD specifying the corrections made for each violation including the date of the correction, the person who implemented the correction and the plan to ensure the violation does not reoccur.

Psychiatric Treatment Services Provider – A Qualified Mental Health Professional (QMHP), Certified Clinical Social Work Associate (CCSWA), Licensed Clinical Social Worker (LCSW), Professional Counselor (PC), Licensed Marriage and Family Therapist

(LMFT), or a Licensed Psychiatrist, Psychologist, or Nurse Practitioner with a specialty in psychiatric mental health, or any other clinician whose authorized scope of practice includes mental health diagnosis and treatment. The Psychiatric Treatment Services Provider provides regular, ongoing mental health therapy based on the individual's needs outlined in the person-centered service plan.

Qualified Mental Health Associate (QMHA) – Mental health program staff delivering services under the direct supervision of a QMHP meeting the minimum qualifications as authorized by the Licensed Mental Health Authority and specified in OAR 309-019-0125.

Qualified Mental Health Professional (QMHP) – Mental health program staff delivering services meeting the minimum qualifications as authorized by the Licensed Mental Health Authority and specified in OAR 309-019-0125.

Registered Agent – An individual or business entity with a physical street address in Oregon whose sole responsibility is to accept physical delivery of legal documents on behalf of the business. An entity cannot designate itself as its own registered agent, but an individual owner can be the registered agent for their business.

Residential Treatment Facility (RTF) – A program licensed by the Division to provide services and supports on a 24-hour basis for six to 16 residents.

Residential Treatment Home (RTH) – A program licensed by the Division to provide services and supports on a 24-hour basis for one to five residents

Resilience Outcomes Analysis and Data Submission (ROADS) – The data collection system for all Oregon agencies and facilities required to report behavioral health services.

Secure Residential Treatment Facility (SRTF) – A licensed RTF or RTH that restricts a resident's exit from the setting using approved locking devices on exit doors, gates or other closures.

Services and Supports – Services designed to help an individual attain or maintain their maximum level of independence including, but not limited to, services to help an individual acquire, retain or improve skills in ADLs and IADLs, community survival skills, communication, self-help, socialization and adaptive skills necessary to reside successfully in an individual's home or a community-based setting and medical or remedial services recommended by a licensed physician or other licensed practitioner to reduce impairment to an individual's functioning associated with the symptoms of a mental disorder or to restore functioning to the highest degree possible.

Sole Proprietorship – The simplest form of business in which one individual conducts the business. The business owner is personally liable for the obligations of the business.

Worker's Compensation Insurance – A form of insurance that provides benefits to employees who are injured or become ill due to their job.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Mental Health Licensing & Certification Team at BHD.MH.Applications@oha.oregon.gov.

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