Step-by-Step Guide to Applying for a Mental Health Adult Foster Home License in Oregon

The guide gives clear and simple instructions for people and organizations that want to open and run a licensed Mental Health Adult Foster Home in Oregon following the rules in OAR 309-040. This guide is designed to:

- Help you understand what state rules and laws require before you open an adult foster home
- 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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Step 1: Know What You're Applying For

This application is for Mental Health Adult Foster Homes (AFH) in Oregon. Oregon Administrative Rule (OAR) 309-040 specify the requirements for licensure and how the home must be run.

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/AFH.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 adult foster home 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 of $20 per bed (maximum of 5 beds)
- You can send your application 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. You can contact them by:
    1. Phone: 800-336-6016
    2. Email: provider.enrollment@oha.oregon.gov
    3. Website: Medicaid Provider Enrollment
- Sign up to get updates from OHA regarding rules, tools, reports and announcements. You can sign up at: GovDelivery
- You can find approved trainings at: https://www.oregon.gov/odhs/licensing/adult-foster-homes/Pages/training-approved.aspx

Process for Application Review

Specify the number of beds for which you are applying

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 (must match what is on file with the Oregon Secretary of State

B. Legal name of adult foster home (as registered)

C. Name of the registered agent (as registered)

D. Oregon Secretary of State business registry number

E: Adult Foster Home Contact Information

E. Adult foster home information including:

- Home's physical address (street, city, state and ZIP)
- Home's mailing address (street, city, state and ZIP)
- Home's phone number
- Home's email address
- County where the home is located
- Home's website (if there is one)

F: Adult Foster Home Capacity

F. License bed capacity requested

G-I: Building and Safety Information

G. Confirm if there is a sprinkler system installed

H. Certificate of Occupancy date (*if a new or remodeled building)*

I. Certification of Use date *(if no construction was done)*

J: Water Supply

J. Is the facility on city water? If not, provide the date your water supply was tested and verified as safe *(see OAR 333-061-0305 through 0335).*

K-L: Federal Identification Numbers

K. Employer Identification Number assigned by the IRS

L. National Provider Identification Number assigned by CMS

M-N: Program Leadership

M. Verify if you live in the home – provide your primary address if you do not

N. Name of the resident manager including start date and resident manager's business email – or mark as not applicable

O-P: Family Members and Others Living in the Home

O. Description of all family members needing care and any individuals receiving respite care, day care or room and board services

P. List all persons who live in the home including children, spouses, live-in caregivers and room and board tenants including relationship to the applicant and date of birth

Q: Substitute Caregivers

Q. List all caregivers including name, address and phone number

R: Application Contact

R. 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 adult foster home. 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 and directors (required under *42 CFR 455.104* and *42 CFR 455.106*).

C. List the names, addresses, EINs/SSNs, ownership percentages and entity types for all individuals or entities having direct or indirect ownership or controlling interest in the adult foster home (*required under 42 CFR 455.104*).

D. For all corporations including profit, non-profit and limited liability companies, list the names, addresses, EINs/SSNs, and dates of birth for all board members.

E. Specify if any owner has ever had a license, certification or registration denied, suspended, revoked or terminated in the last five years? If yes, list the owner's name and the name of the agency involved.

F. Specify if any owner has ever given up a license, certification or registration while being investigated or under sanction? If yes, list the owner's name and the license, certificate or registration number.

G. Specify if any owner has now, or in the past, owned a facility in Oregon or another state? If yes, list the owner's name and the name of the agency involved.

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: Required Attachments Checklist

Your application is not complete unless you include all required documents listed below. You must provide all these documents to qualify for a license. Use this checklist to make sure you've included *everything (see Appendix A for document details)*:

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
☐ Proof of completing the Mental Health adult foster home orientation
☐ Certificate of passing the Mental Health Adult Foster Home test and evidence of successful completion of required trainings

Experience and Medical Documentation:

☐ Proof of experience in providing direct care and services to adults with mental illness

☐ Signed physician's statement

Financial & Legal:

☐ Operational plan

☐ Completed financial information form and credit report

☐ Documentation of cash reserves

☐ Notice of any liens, pending debts, collections or bankruptcies

☐ Oregon Tax Compliance Certificate

☐ Ownership or current lease/rental documentation

Facility Plans & Safety Readiness:

☐ Floor plan with all required specifications

☐ Approved Certificate of Use (or Certification of Occupancy if new construction or remodel)

☐ Verification of safe water supply if non-city water

☐ Current vaccination records for all pets

Operational & Staffing Requirements:

☐ Succession Plan/Backup Provider Agreement

☐ Evidence of successful completion of required training for all staff

☐ Approved background checks for all staff and all non-residents aged 16 or older

☐ Current professional licenses and certifications

☐ Copy of license and last two inspection reports if coming from another system

HCBS, Residency Agreement & House Rules:

☐ Completed HCBS self-assessment

☐ Complete residency agreement with house rules

Policy & Procedure:

☐ Facility Closure

☐ Staff Training

☐ Succession Planning

☐ Medication administration

☐ Food preparation

☐ Discharges and transfers

☐ Refunds

☐ Use of cannabis and illegal drugs

☐ Smoking

Variances:

☐ Variance requests, if applicable

SECTION VI: Attestation

At the top of this section, write the name of the applicant 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
- All staff will receive and maintain the required training and have approved background checks
- 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
- 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 completely filled 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 home.
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 1 year.

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 home 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 sue 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 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

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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 settings.
- 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 adult foster homes, 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
- Informed the CMHP that you plan to operate a licensed adult foster home

- Offered to be a resource for providing residential services to people referred or supported by the CMHP

This letter is not a formal approval or contract. It just confirms the CMHP knows about your home 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.

Proof of AFH Orientation Attendance – Before applying to operate an adult foster home, applicants must first complete the Mental Health AFH Orientation.

Why it Matters

This training is designed to help prospective providers by offering a foundational understanding of:

- Regulatory requirements and licensing procedures
- Provider responsibilities and expectations involved in operating an adult foster home for individuals with mental health needs
- Resident rights and care standards
- Person-centered service delivery
- Available resources and supports

Completion of this orientation ensures applicants are prepared to deliver safe, person-centered and trauma-informed care to individuals with mental health needs.

How to Attend

The Mental Health Adult Foster Home Orientation is online through Workday. To create a Workday account, visit: https://wd5.myworkday.com/wday/vps/wday/calypso/bootstrap/eex/requestuserbootstrap/oregon/94aa0dddad831001c71ada4fd0fc0000. Once an account is created, search for the course "Mental Health Adult Foster Home Orientation".

Certificates of Required AFH Training – All applicants, proposed resident manager and caregivers responsible for providing care and services in a licensed Adult Foster Home for individuals with mental health needs must complete all required training. These trainings are critical for safeguarding the health, safety and rights of residents, and ensure that staff are competent, trauma-informed, and legally compliant, supporting a safe and high-quality care environment. All trainings must be approved by BHD – BHD approved trainings can be found at: https://www.oregon.gov/odhs/licensing/adult-foster-homes/Pages/training-approved.aspx

What is Required

The following trainings must be completed prior to licensure:

- Division-approved AFH provider orientation – Provides foundational knowledge of the rules, responsibilities and expectations involved in operating an adult foster home for individuals with mental illness.
- Mandatory abuse reporting – Educates all caregivers on their legal duty to recognize and report suspected abuse or neglect of vulnerable adults under Oregon law.
- Current CPR and First Aid certification - Confirms staff are prepared to respond to health emergencies. Certifications must meet the following standards:
    - Courses must be provided by, or meet the standards of, the American Heart Association or the American Red Cross.
    - Online-only CPR/First Aid courses are not accepted unless accompanied by an in-person skills competency check conducted by a qualified instructor aligned with the standards of the above organizations.
- Division-approved LGBTQIA2S+ and HIV-Inclusive Care training – Educates all staff on culturally responsive, inclusive care for individuals from diverse communities and those living with HIV.
- Understanding mental and emotional conditions – Builds caregivers' ability to recognize common symptoms, understand how conditions affect daily functioning, and provide supportive, trauma-informed care.
- Understanding the mental health assessment and implementing the residential care plan – Ensures caregivers can interpret assessment information and follow each individual's care plan as intended to support safety, stability, and habilitation.
- Medication management – Trains caregivers to safely assist with, administer, store, and document medications to reduce errors and ensure individuals receive treatment as prescribed.
- Opioid overdose kits and administration of an FDA-approved short-acting, non-injectable opioid antagonist medication – Prepares caregivers to recognize signs of opioid overdose and respond quickly and effectively, using approved medications and overdose kits to prevent death or serious harm.
- Resident rights – Educates caregivers on the legal and ethical rights of individuals receiving services, promoting autonomy, dignity, privacy, and informed decision-making.

- Safety, emergency, and emergency preparedness planning – Ensures caregivers understand procedures for fire safety, natural disasters, medical emergencies, and other unexpected events to protect residents and maintain continuity of care.
- Behavior management including positive engagement, redirection, and de-escalation techniques – Provides caregivers with practical skills to support individuals in distress, reduce conflict, and maintain a safe, respectful environment.
- Complaints, grievances, incident and abuse reporting – Clarifies caregivers' responsibilities for documenting and reporting concerns, ensuring transparency, accountability, and prompt response to potential risks.
- Nutrition and food services – Teaches caregivers the fundamentals of providing balanced, safe meals that meet residents' health needs, preferences, and any dietary restrictions.
- Authority-approved HCBS training – Provides required instruction on Home and Community-Based Services (HCBS) standards to support person-centered care, community integration, and compliance with federal and state rules.

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

Why it matters

- This training ensures all caregivers possess the knowledge, skills and cultural competence needed to provide safe, responsive and respectful care to residents of diverse medical, social and cultural needs, and verifies that staff are properly trained before providing care

Proof of Experience – To qualify as a provider of a licensed adult foster home in Oregon, you must provide documentation clearly showing experience in providing direct care and services to adults with mental illness. Your 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/developmental disabilities does not qualify as mental health care experience.

Acceptable Documentation

You must submit documentation that includes job titles, dates of employment, duties performed, and population(s) served. 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

Professional Licenses or Certifications

- Copies of current Oregon licenses (e.g., QMHP, LPC, LCSW, RN)
- 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

Physician's Statement – To qualify as the licensee or resident manager of a licensed Adult Foster Home, you must submit a written statement from a licensed physician, nurse practitioner or physician assistant verifying your mental and physical ability to operate an AFH and provide direct care.

Why it Matters

- Protects resident health and safety – Operating an AFH requires the ability to respond to residents' physical, emotional and behavioral needs, at times in urgent or challenging situations. Your ability to safely perform these duties protects residents from harm or neglect.

- Ensures provider readiness – The health clearance verifies you are mentally alert, physically capable and emotionally stable enough to manage day-to-day responsibilities including medication administration, personal care, crisis response and supervision.
- Supports regulatory accountability – Ensures compliance with the OAR requirements that you maintain the capacity to carry out essential duties. Helps the licensing authority confirm you are not impaired in ways that could affect decision-making, oversight or direct care functions.
- Promotes fair and consistent standards – A standardized medical evaluation for all applicants and resident managers ensure consistency across all licensed homes, maintaining equitable and transparent regulatory expectations.

By confirming those responsible for the care and supervision of vulnerable adults are physically and mentally fit for the rules, this requirement ensures integrity, safety and quality of Oregon's adult foster home system.

Operational Plan - The Operational Plan is a comprehensive document that outlines how your mental health adult foster home will provide structured, trauma-informed, and person-centered services in compliance with Oregon Administrative Rules (OAR 309-040). This plan supports your home's readiness and demonstrates how daily operations, staffing, service delivery, and resident care will be safely and effectively managed.

Program Overview

- Staffing Model: Describe your 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, including weekends and holidays. The schedule should 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 licensee and resident manager, as applicable
  - 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

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. Include:
  - Mealtimes
  - Medication administration
  - 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 to ensure the health, well-being, and protection of residents, staff, and visitors. These procedures must be based on the rule requirements, best practices, and trauma-informed approaches to crisis prevention and response.
- Resident Rights & Protections: Describe the policies and procedures 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 your commitment 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.

Facility Operations

- Medication Storage: Describe how you will ensure all medications are stored properly, and the protocols and recordkeeping processes to ensure safe and compliant handling of resident medications. You must maintain strict controls to prevent unauthorized access, ensure proper administration, and safeguard against medication errors.
- Food Services: Summarize how you 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 home 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.

Reminder: Your plan of operating must align with the licensing standards under OAR 309-040. The plan must be detailed and specific to your home - it cannot be generic or copied from another AFH.

Completed Financial Information Form and Credit Report - The financial information form demonstrates your financial ability to operate sustainably while maintaining high-quality resident care and full compliance with licensing standards under OAR 309-040. You must be able to demonstrate you can maintain stable operations for at least three months without relying on Medicaid payments.

Revenue Sources

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

- Cash reserves: The total amount of savings readily available
- AFH fees: Private pay, insurance reimbursements, third-party payments
- Government funding: Medicaid, Oregon Health Plan, state or county grants, CMHP contracts
- Other sources: Line of credit, documented liquid assets, rental income (if applicable)

Expense Categories

Your budget must account for all projected operating costs associated with running a licensed adult foster home. These should reflect realistic and typical monthly costs including, but not limited to:

- Personnel costs: Salaries, wages, benefits, payroll taxes for all staff (resident managers, direct care, housekeeping, drivers, etc.)
- 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 and food
- AFH supplies: 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 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
- Outstanding liabilities: Debts, loans, liens or collections currently owed by the applicant or business.

Note: A weak or incomplete financial information form 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 adult foster home, applicants must provide evidence of adequate cash reserves. These reserves ensure your AFH 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 60 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 AFH operations.

Required Amount

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

- Cash reserves equivalent to at least two months of operating to demonstrate your adult foster home can remain operational during delays in reimbursement or

emergency situations without compromising resident safety or regulatory compliance.

Liens, 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 adult foster home. 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 AFH operations
- Details must include:
  - Nature and amounts of debts or financial matter
  - 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 AFH 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

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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 process (see ORS 305.385 - 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

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Ownership or Current Lease/Rental Documentation - To be licensed as an adult foster home 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 AFH'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 an adult foster home
- 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).

Floor Plan - Applicants must submit a detailed floor plan of the facility as part of the adult foster home 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, if applicable
  - Fire alarm control panels, if applicable

Purpose

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

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Fire Safety Self-Inspection Form – The Fire Marshal Inspection Report is a mandatory document used to verify your adult foster home is in full compliance with the state 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 adult foster home.

Purpose

- Confirms the physical environment of the home is free from fire hazards and equipped with necessary safety features

- Ensure residents with limited mobility or special needs can safely evacuate in the event of an emergency
- Supports licensing approval by demonstrating readiness to protect residents, staff and visitors

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 (if applicable) 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 safety self-inspection form
- The form must show the home meets the fire safety standards required under OAR 309-040

Sprinkler System – While sprinkler systems are not required in Adult Foster Homes, all applicants seeking licensure of an adult foster home already equipped with a sprinkler system must provide verification that the system is functioning properly and in compliance with fire code.

Key Requirements

- Sprinkler System Installation - Confirmation a installed fire sprinkler system is 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 systems 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

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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 into an adult foster home)
- 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 home 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 home as an adult foster home

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 use

Purpose

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

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Safe Water Supply - If your adult foster home 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.

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

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Vaccination Records – If pets or other household animals are present in the adult foster home, you must provide current vaccination records.

Why this Matters

Vaccination documentation ensures that all animals in the home are healthy, properly immunized and not a risk to residents, staff or visitor. This requirement helps:

- Protect resident health and safety, especially individuals with compromised immune systems or allergies
- Prevent the spread of illnesses that can pass from animals to humans
- Ensure compliance with sanitation and health regulations under OAR 309-040

Succession Plan – You must submit a written succession plan or back-up provider agreement to demonstrate that there is a reliable plan in place for the continued care and supervision of residents in the event the provider becomes unexpectedly unavailable due to illness, emergency or other circumstances. This plan must clearly identify who will assume responsibility for your home in your absence.

Purpose

- Ensures residents will continue to receive uninterrupted care and services regardless of the provider's availability.
- Ensures the home remains in compliance with staffing and supervision standards at all times.
- Ensures emergency preparedness and operational continuity are built into the home's care model.

By providing this documentation, you are verifying you have taken proactive steps to prevent disruptions in resident care and ensure the safety and well-being of all residents.

Background Checks – All individuals who operate or work in a licensed adult foster home 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 AFH under OAR 407-007
- Met all background check and reporting standards for working with vulnerable populations

Who Must Complete a Background Check

- Resident Manager
- AFH Owner or Legal Representative (if involved in AFH 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: Adult foster homes 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

All background checks must be completed through the ODHS Background Check Unit (BCU) using the Oregon Criminal History and Abuse Records Database System (ORCHARDS): https://www.oregon.gov/odhs/background-checks/pages/orchards.aspx

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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 (QMHAs)
  - 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 309-040)
- Protects resident safety and promotes quality care

Former License and Inspection Reports - If you previously operated a home or facility in Oregon or another state, you must submit copies of:

- Previous licenses, certifications and registrations
- Most recent inspection reports or compliance reviews
- Corrective action plans or enforcement notices, as applicable

Purpose of this Requirement

- Assess Provider History and Compliance - Reviewing past licenses and inspections helps the licensing authority evaluate whether you have a demonstrated track record of regulatory compliance, quality care, and program oversight.
- Support Safe and Informed Licensing Decisions - Past inspection results may reveal patterns of concern (e.g., unresolved safety issues or abuse allegations) or strengths (e.g., timely compliance, good standing), both of which inform the state's decision on whether to grant a new license.
- Promote Transparency and Accountability - This process ensures that individuals or organizations with serious compliance issues are identified early, and appropriate safeguards are applied before a new license is issued.
- Align with Statutory and Rule-Based Requirements - OAR 309-040 requires that licensing entities assess the suitability of applicants, including their compliance history in Oregon or other jurisdictions. This contributes to consistent and fair licensing practices.

HCBS Self-Assessment - All adult foster homes must complete a Home and Community-Based Services (HCBS) Self-Assessment to demonstrate compliance with federal HCBS Settings Rule requirements. This assessment ensures the AFH 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., house rules, service plans, resident 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

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House Rules - All licensed adult foster homes must establish and maintain written House Rules that promote a safe, respectful, and recovery-oriented living environment. These rules help support structure, well-being, and community living—while protecting resident rights, autonomy, and dignity.

What to Include in Your House Rules Document

House rules must be written in plain language, posted visibly in the facility, and reviewed with residents during admission and orientation. Key topics typically 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

- Rules must not conflict with rights under OAR 309-040-0410 (Resident Rights)
- Facilities may not use overly restrictive rules that violate HCBS principles
- House rules must be approved by the licensing body and reviewed during inspections

Residents must receive a copy of the house rules 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 adult foster home. It serves as a legal and ethical framework for residency and must reflect compliance with OAR 309-040-0410 (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 AFH 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 AFH
- The AFH'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 309-040-0395 and resident's rights regarding the administrative hearing process
- 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 AFH may have on the presence and use of illegal drugs or substances
- Policy addressing pets and service animals. The AFH 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 AFH's house rules 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.

Policy & Procedure - Maintaining clear and comprehensive policies and procedures helps mental health adult foster homes operate safely, consistently, and in compliance with regulatory standards, ensuring staff understand their responsibilities, residents are protected, and the program functions smoothly and reliably.

What to Include in Your Policy & Procedure

- Facility Closure
- Staff Training
- Succession Planning
- Medication administration
- Food preparation
- Discharges and transfers
- Refunds
- Use of cannabis and illegal drugs
- Smoking

Note: Policy and Procedure must be approved by the licensing body and reviewed during inspections.

Appendix B: Definitions

Applicant – The individual or entity who owns, seeks to own or operate, or maintains and operates an adult foster home 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.

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 are 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 Safety Self-Inspection – Mandatory form verifying an Adult Foster Home is in compliance with state fire safety regulations and standards established to protect residents, staff, and visitors.

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

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 (CBS).

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.

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.

Resident Manager – The individual designated by the licensee as responsible for the daily operations and maintenance of the AFH.

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.

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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OREGON HEALTH AUTHORITY