

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-23-012

**Issue date:** 5/22/2023

**Topic:** Licensing

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children’s Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children’s Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

<b>Policy/rule title:</b>	Submission of move-out notices to SOQ		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:** There are two types of move-out notices (APD 0901) an adult foster home licensee may issue to a resident. A resident may receive either a 30-day notice, or a less than 30-day notice, depending on the reason the move-out is being requested. The reason for each notice type is established by Oregon Revised Statute, outlined in Oregon Administrative Rule, and detailed on the form. When a licensee issues a less than 30-day notice and a resident or their representative requests an administrative hearing, there are due process timelines that require urgent action by the local licensing authority (LLA) or Area Agency on Aging (AAA), the Safety, Oversight and Quality Unit (SOQ), the Long-term Care Ombudsman (LTCO), and the Office of Administrative Hearings (OAH). Previously, the Department *only*

requested submission of a move-out notice when an administrative hearing was requested by a resident or their representative. A hearing request may be submitted by the resident, their representative, or the ombudsman's office. Hearing requests are time sensitive and need to be addressed quickly by all involved parties.

**Implementation/transition instructions:** The process for submission of move-out notices is changing. Effective immediately **all** complete less than 30-day notices must be forwarded to SOQ via the [APD.AFHteam@odhsoha.oregon.gov](mailto:APD.AFHteam@odhsoha.oregon.gov) email address by the adult foster home licenser who has received the notice from the licensee. If the notice the licensee submits does not meet rule or is incomplete, please have it corrected and forward the accepted notice to SOQ. The forwarding of this notice will aid in tracking valuable data related to the reason for move-outs, while also allowing for timely referral to the OAH.

**Training/communication plan:** LLA training and communication to be offered during licenser check-ins and as needed for follow-up.

**Local/branch action required:** Begin implementation immediately and forward all less than 30-day notices to SOQ via the [APD.AFHteam@odhsoha.oregon.gov](mailto:APD.AFHteam@odhsoha.oregon.gov) email address.

**Central office action required:** Continued support and training for LLA staff.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Policy Team

**Filing instructions:** File per ODHS policy.

*If you have any questions about this policy, contact:*

Contact(s): APD AFH Policy Team	
Phone:	Fax: 503.378.8966
Email: <a href="mailto:APD.AFHteam@odhsoha.oregon.gov">APD.AFHteam@odhsoha.oregon.gov</a>	