

Adult Care Home Program Public Hearing Testimony

The Adult Care Home Program (ACHP) is in the process of permanent administrative rule adoption. As part of this process, a public hearing was held in the Multnomah County board room on March 19, 2026, from 3:00 to 5:00 pm. All oral and written testimony associated with the hearing, whether submitted via email or in person, is included in the following PDF.

22 "BoardRoom" (2408942336)

00:04:57.239 --> 00:05:17.239

[Press it and it'll be green and then state your 1st and last name and then we'll start the timer at that point.] Hello, my name is Anna Petras. I'm the president of the advocacy for providers for adult foster care homes. I'm also an adult foster care homeowner, myself in Clackamas County and I own a memory care as well.

I guess the reason I personally am here today, is to make sure that Irma, Rachel, Steven, you already know, that we absolutely do not agree with the way you guys went about putting this rule into place. It's not about the rule, it's really not that big of a deal, but what the big deal is, the way you guys went about it, and the problem is, is that for three years, Steven, we've met with you, with the advocacy group, with the council, with multiple of us that, and we've talked to you about simple things like background check, English test, vacation request. I shouldn't have to request a vacation from you. So I'm my own owner. There's certain. Little things that we as providers would have liked to see you take actions on and the answer was always NO, we cannot do it. We went to Irma, we went to Mohammed, we went to multiple people and we addressed these things that we really just wanted the Moma County to listen to us and to hear us out. And it was always NO, it's not possible. It's a and magically. Magically, this rule was able to be called just like this, a temporary order to be in place, the process was not followed thoroughly, and why was it done? Because you and your licensers wrote multiple corrections on provider's licenses for a rule that does not exist, and you knew it, Steven, and the reason we're here today is because you knew you did that. Magically, Bibbity, Bobbety, Boo, Multnomah County was able to call a temporary rule making session and put it into rule. Why? Because of you to protect yourself instead of saying, hey guys, I'm so sorry for giving you guys all these corrections over these years for the rule that doesn't exist. It's on my record. It's not on my record, but there's providers. And you know what, what's also sad today? Is Multnomah County providers are afraid to come here and be in your presence? They're afraid to be in the Multnomah County presence because you guys do whatever you want, however you want, whenever you want, add rules, take away things, give corrections, however, where you see fit? You are the God of adult foster care homes in Multnomah County because we've went to county commissioners. We talked to Lynette Ross multiple times and you know it, and the answer is always. And I repeat always we have NO say in Multnomah County. Who has a say? If Irma is supposed to be your boss, if Mohammed is supposed to be your boss? Now we just met Rachel's supposed to be your boss. Who has a say? Thank you Anna.

37 "BoardRoom" (2408942336)

00:08:55.339 --> 00:09:07.559

The committee. My name is Simona Borlovan and I'm a manager of an adult care home in Multnomah County, and also I am a member of the advocacy for the care homes incorporated. I'm here today to express opposition to the current requirement that the fully executed care plan be completed prior to the delivery of services. The assertion the services may otherwise be delivered without consent is not reflective of actual practice. Before any services begin. Residents or their representatives sign a residency agreement that clearly outlines the services to be delivered. This agreement already establishes informed consent and a contractual understanding between the resident and the provider. More importantly, this requirement may harm residents. Care plans are not static documents. They are developed over time. With input from residents based on observation, assessment and involving evolving needs. This requirement also does not align with the intent of Multnomah County administrative rules, which direct the application and enforcement of standards. Now their interpretation in a manner that creates additional procedural barriers. Recent enforcement practices further illustrate how expanded interpretations may conflict with residents rights. E.g., providers are required to submit incident reports for every resident's hospital visit regardless if the visit is event based, or just a routine or medical medically appropriate care. This enforcement of interpretation of the adult care home program shifts incident reporting from a targeted safety and oversight tool into a broad reporting mechanism that captures routine care activity raising concerns regarding resident privacy and consent. Likewise, prob providers were given corrections last year when pronouns or gender identity fields were left blank. This effectively forced providers to make assumptions about the resident's identity which undermine the resident's rights. To serve this determination of voluntarily disclosure of personal information. This again was an inform enforcement of interpretation by adult care home program of SB 99. This practices suggest a shift from applying rules to interpreting them in ways that make with residents, autonomy, privacy, and dignity. I respectfully urge you to reconsider this requirement and instant support and approach that recognizes residency agreements as valid consent info informed consent. Allows care plans to be developed as a dynamic residence center process and ensures that the residents retain control over their personal and health information, including the choice of what and when to disclose their personal information. Thank you for your time and consideration.

49 "BoardRoom" (2408942336)

00:12:07.349 --> 00:12:23.219

Thank you very much, Ella Shepard. So official. I'm gonna read this. My name's Ellis Shepherd. I'm a registered nurse and adult care home operator and a representative of advocacy for adult care homes. I'm gonna be very direct. This rule is not about safety, it's about control. It's always about control with Multnomah County. It's about correcting a mistake without admitting it. Providers in this county were cited for requirements that did not exist, specifically care plans signature requirements. Those concerns were raised raised by myself personally. I have documentation of that and Steven knows it. You know it too Rachel. We asked for the rule, we asked for clarification, and we were told everything was appropriate. Then suddenly an emergency rule is snuck in, didn't appear. It was snuck in under the disguise. Of a legislative change and requirement to remove IDD homes from the mcars. This rule was snuck in. They're supposed to guide enforcement, not be created after the fact to justify your mistake. If this was truly an emergency, where's the evidence? Where's the data showing that residents were harmed under the previous system? These are my questions I'm asking them to be answered. Because to this day, none has been provided. Instead, what we have is a rule that's nearly a page long. Far exceeds the OAR, introduces layers upon layers of signatures, documentation. Procedural requirements that do nothing to improve care. What it does is create burden, creates barrier to providing timely care, creates confusion, creates more opportunity for licensers to site providers based on interpretation rather than actual safety concerns. Sorry, and let me tell you, operator licensors in Multnomah County don't need more opportunity. Let's be honest about the impact. Providers are already choosing not to operate in Multnomah County because of how these rules are written and enforced. This rule only reinforces that reality. We are not asking for less oversight. We're not opposing the rules. We're asking for evidence based decisions, alignment with state law, and a process that's honest and transparent. Right now, this does not feel like a regulation, it feels like an overreach. That's why we oppose it. In this folder, I have printed all of the emails I've have with you Rachel. With you Stephen dated back to 2023 when we met and asked for change to be done with you Irma. No change. 2023, we are in 2026 October, the end of October of 2025. I brought it up to Stephen and to Lynette Ross and confirmed if signatures were required for care plans. I'm gonna keep going because I, we have three to five. Thank you. I'm gonna take Petronella as 3 min.

Steven: How much longer do you think?

Ella: Just I'm almost done.

Steven: I'll give you 2 min through the last one signed.

Ella: Thanks. In 2025 of October end of October, I brought up this concern. That licensers were issuing corrections. Who is going to go back and remedy those corrections? Anyone? Who's going to take accountability for them? Because at every single renewal inspection that I have. I don't get grace. I don't get grace for having a laundry hamper that doesn't have a closed lid. You know what I get? I get a correction. I don't get any grace. Yet I have heard from you Stephen. We make mistakes. Give us grace. We're human error. Okay, I'm gonna call it ok I know. It sound comfortable. I get it. Needs to be hard. All right.



ACHP Rules Advisory Committee <achp.rac@multco.us>

MCAR 023-110-405/425 2026 proposal

1 message

Hana OPSAHL <hanaopsahl@mac.com>
To: Achp.rac@multco.us

Wed, Mar 18, 2026 at 4:28 PM

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Dealing with my mom's care for last 2 years is what I'm basing my opinion on.

The requirement to fully execute a care plan within 14 days does not allow sufficient time to truly understand a resident's needs, preferences, and behavioral patterns.

Rushing this process may lead to incomplete or inaccurate care plans, which can affect both quality of care and informed decision-making.

Sincerely,

Hana Opsahl



ACHP Rules Advisory Committee <achp.rac@multco.us>

Proposed 2026 MCAR 023-110-405/425

1 message

tom <tom@tmburke.net>

Wed, Mar 18, 2026 at 8:41 PM

To: "Achp.rac@multco.us" <Achp.rac@multco.us>

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To whom it may concern:

Since October 2025, my mom has been a resident at a senior care home in Portland. Having recently experienced a transition from her personal residence to a care home I can speak to the need for adequate time to diagnose and implement a care plan. This is especially the case when full care (bathing, toileting, feeding, mobility) is needed, like in my mom's case. In 14 days, a resident is still in "honeymoon phase" or "transition trauma" and the true wishes and behavior will not be disclosed until safety is felt and trust earned. For the reasons outlined above, I respectfully oppose the rule as currently proposed. A 14-day timeframe for completing a care plan appears rushed and raises concerns about whether the information gathered can truly reflect the resident's lived needs and behaviors, which is critical to developing an accurate and effective plan.

For the reasons outlined above, I respectfully oppose the rule as currently proposed.

Thank you,
Tom Burke



ACHP Rules Advisory Committee <achp.rac@multco.us>

Proposed 2026 MCAR 023-110-405/425

1 message

Kris Elliott <kris_elliott@comcast.net>
To: Achp.rac@multco.us

Thu, Mar 19, 2026 at 8:14 AM

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"Proposed 2026 MCAR 023-110-405/425

Upon admission, transfer records are often delayed, incomplete or inaccurate. Requiring completion of a care plan within 14 days appears rushed and raises concerns about whether it can accurately reflect a resident's actual needs, which is essential when developing an effective care plan.

Having just gone through this whole process with my mom who just died at 101, I know that there are too much paper work for many of these care facilities. Multnomah county is a mess.

For the reasons outlined above, I respectfully oppose the rule as currently proposed."

Kris Elliott

Sent from iPhone



ACHP Rules Advisory Committee <achp.rac@multco.us>

MCAR 023-110-405/425

1 message

Joy Abele <jabele4@comcast.net>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 11:30 AM

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My husband lived in a wonderful care home in Multnomah County before he died. They truly did understand his habits and his needs - he wasn't fitted into a life pattern that suited the caregivers, but rather they developed a pattern that suited him. Getting to know him well enough to do that takes more than a few days, on top of which he was slowly growing stronger (thus actually changing his patterns) as he healed. I am concerned about requiring caregivers to create and implement a resident care plan within only 14 days after admission to the care home, because that would require them to formulate the plan within just a few days of the resident's arrival in order to have time to finalize it, write it up and get the necessary signatures within the 14 days. Those caregivers do not have time to keep rewriting care plans that were hastily drawn up because of a very short deadline. Please give them enough time to do a good plan in the first place.

Thank you,

Joy Abele



ACHP Rules Advisory Committee <achp.rac@multco.us>

Testimony

1 message

Loving Arms Adult Care Home <lovingarmsadultcare@gmail.com>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 4:12 PM

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My name is Andrew Shepherd. I am an adult care home operator in Clackamas County.

I want to speak from the perspective of someone who seriously considered expanding and opening a home in Multnomah County—and ultimately chose not to.

That decision was not based on lack of need. There is clearly a need for quality adult care homes in Multnomah County. It was not based on lack of experience. I am fully qualified and operate two homes successfully under Oregon Administrative Rules.

The reason I chose not to move forward was the regulatory environment.

Over time, through conversations with other operators, personal experiences, and by reviewing MCAR requirements, it became clear that Multnomah County operates very differently than the rest of the state. The rules are significantly more prescriptive, more burdensome, and more open to interpretation than what we see under OAR.

And more importantly, the way those rules are applied raised serious concerns.

What I observed—and what I was repeatedly told by other providers—is that compliance in Multnomah County is not always based on clear, objective standards. It can depend heavily on interpretation, and that creates risk for operators even when care is appropriate.

The proposed care planning rule only reinforces that perception.

It is far more detailed than state rules, introduces requirements that do not exist under OAR, and increases the level of documentation and signatures required without any evidence that it improves resident safety.

From a business and care standpoint, that matters.

Opening and operating an adult care home already requires a significant investment—financially, professionally, and personally. When the regulatory environment adds layers of burden and uncertainty, it becomes difficult to justify that investment.

And that is exactly why I chose to stay in Clackamas County.

It is not because I don't want to serve residents in Multnomah County. It is because the system there feels unpredictable, overly burdensome, and at times, adversarial rather than collaborative.

That perception—whether intended or not—is a deterrent.

If the goal is to attract and retain qualified providers, there needs to be alignment with state rules, clarity in expectations, and consistency in enforcement.

Right now, this rule sends the opposite message.

And from my perspective, it confirms that I made the right decision to stay away.

Thank you.

3/20/26, 3:10 PM

Multnomah County Mail - Testimony

Andrew Shepherd



ACHP Rules Advisory Committee <achp.rac@multco.us>

Testimony

1 message

Safe Haven Adult Care Home <safehavenadultcare@gmail.com>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 4:16 PM

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Rachel,

My name is Ella Shepherd. I am a registered nurse and an adult care home operator in Multnomah County.

I am speaking to you directly because I raised these concerns with you previously, and at that time, I was told that the matter had been reviewed and was considered appropriate and closed.

What I am seeing now does not reflect that.

From my perspective, this rule was not developed through a transparent or evidence-based process. It was introduced in a way that felt abrupt, and frankly, it felt like it was quietly inserted after concerns were raised about enforcement practices that were not supported by existing rule.

Operators were cited for requirements—specifically related to care plan signatures—that did not exist at the time. That concern was brought forward. It was documented. It was discussed.

Instead of addressing that issue directly, what followed was the introduction of an emergency rule that now includes those same requirements.

That raises a very serious concern.

Because from where I stand, it appears that this rule was implemented to correct an error in enforcement, rather than to address a demonstrated issue in resident safety.

If that is not the case, then I am asking plainly:

Where are the findings?

Where is the evidence that resident safety was compromised under the prior system?

Because that evidence has not been provided.

And for a rule that was introduced under emergency authority, that absence matters.

Emergency rulemaking is supposed to be used when there is a clear and immediate need. It is not meant to bypass process or to introduce significant changes without supporting documentation.

Additionally, there have been inconsistencies in the timeline and documentation surrounding this rule, including concerns about when decisions were made and how they were recorded.

That further contributes to a lack of trust.

I want to be clear: I am not opposed to oversight. I am not opposed to accountability.

But I am opposed to a process that feels reactive rather than transparent, and to rules that expand significantly without evidence to justify them.

As an operator, I am responsible every single day for the safety and care of the residents in my home. I take that responsibility seriously.

What I am asking for is simple:

Clarity.

Transparency.

And evidence.

Because without those, this rule does not feel justified—it feels imposed.

And that is why I **oppose** it.

Sincerely,

Ella Shepherd, RN, BSN
Provider/Operator
Safe Haven Adult Care Home



ACHP Rules Advisory Committee <achp.rac@multco.us>

Public Hearing Testimony

1 message

Ana Petras <alliance.ana@gmail.com>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 4:26 PM

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Dear Multnomah County ,

Please accept the attached written testimony from Ana Petras regarding the proposed Administrative Rule changes discussed at the March 19, 2026 public hearing.

Thank you for your consideration.

Ana Petras

 **Ana_Petras_Testimony_OnePage.pdf**
48K

Written Testimony – Ana Petras

President, Advocacy for Providers Group

To: Multnomah County Department of County Human Services
Re: Proposed Administrative Rule Changes – Adult Care Home Program

My name is Ana Petras, President of the Advocacy for Providers Group. I testified at the March 19, 2026 hearing and submit this to formally document my concerns.

I am opposed to the way this rule was implemented. The County labeled this an emergency temporary rule, yet no true emergency was demonstrated. Emergency authority should be reserved for urgent health and safety needs—not routine policy changes that should follow standard rulemaking.

Providers were cited for requirements that did not previously exist. Specifically, corrections were issued for missing family signatures on care plans, even though this was not an established rule. Enforcing rules retroactively is unfair and undermines confidence in the regulatory process.

For the past three years, providers have requested updates on key issues including background checks, vacation policies, recordkeeping, English proficiency standards, and renewal timelines. We were consistently told changes were not possible. Yet this rule was implemented quickly, creating inconsistency and eroding trust.

There is also a lack of clear accountability. State representatives have indicated they do not oversee Multnomah County, and that authority lies with County Commissioners, who were not present at the hearing. This leaves providers without access to decision-makers.

Additionally, many provider questions were not directly answered. While it was stated that responses were given, they did not address the actual concerns raised.

We support reasonable improvements but request a fair, transparent process. Specifically, we request: reconsideration of the emergency designation; no retroactive enforcement; meaningful provider engagement; and clear accountability structures.

Sincerely,



3-19-2026

Ana Petras
President, Advocacy for Providers Group



ACHP Rules Advisory Committee <achp.rac@multco.us>

Hello

1 message

Vasile Moldovan <simialexandaa@icloud.com>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 4:35 PM

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Sent from my iPhone



ACHP Rules Advisory Committee <achp.rac@multco.us>

Releasing of records concerns

1 message

Alexandra andriuta <sunnysideach@yahoo.com>
To: achp.rac@multco.us

Thu, Mar 19, 2026 at 4:37 PM

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Pursuant to ORS 652.750 and related Oregon administrative guidance, employee records—including payroll information—may only be released under specific conditions, such as:

- With the employee's written authorization;
- In response to a valid subpoena, court order, or legally authorized government request; or
- For legitimate internal business purposes on a need-to-know basis.

Employers and custodians of such records are required to exercise reasonable care in safeguarding employee data and ensuring that any disclosure is strictly limited, justified, and documented. Failure to do so undermines employee privacy rights and may result in legal consequences.

I see the efforts of trying to make it legal but seems more investigative from the beginning without a proper cause.

Thank you
Alexandra



ACHP Rules Advisory Committee <achp.rac@multco.us>

ORS 652.750

1 message

Maria Birau <mariabirau@outlook.com>
To: "Achp.rac@multco.us" <Achp.rac@multco.us>

Thu, Mar 19, 2026 at 4:44 PM

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Pursuant to ORS 652.750 and related Oregon administrative guidance, employee records—including payroll information—may only be released under specific conditions, such as:

With the employee's written authorization;

In response to a valid subpoena, court order, or legally authorized government request; or

For legitimate internal business purposes on a need-to-know basis.

Employers and custodians of such records are required to exercise reasonable care in safeguarding employee data and ensuring that any disclosure is strictly limited, justified, and documented. Failure to do so undermines employee privacy rights and may result in legal consequences.

I see the efforts of trying to make it legal but seems more investigative from the beginning without a proper cause.
Thank you

Maria Birau
New Beginnings Care Home
503-984-7363
8580 Sw Turquoise loop
Beaverton Or 97007



ACHP Rules Advisory Committee <achp.rac@multco.us>

Testimony


1 message

Raluca Stoica <raluca@oregoncarehomecouncil.com>
To: Achp.rac@multco.us

Thu, Mar 19, 2026 at 4:48 PM

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 **OCHC_Letter_digital_signature.pdf**
75K



Written Testimony – Raluca Nicorici-Stoica
President, Oregon Care Home Council

To: Multnomah County Department of County Human Services

Re: Proposed Administrative Rule Changes – Adult Care Home Program

My name is Raluca Nicorici-Stoica, and I serve as the President of the Oregon Care Home Council. I attended the March 19, 2026 meeting and am submitting this letter to formally express serious concerns on behalf of adult care home providers across Oregon regarding the proposed administrative rule changes.

We strongly object to both the content and the process by which this rule was implemented. The use of emergency rulemaking authority in this situation is unjustified. No clear or immediate threat to resident health or safety was demonstrated that would warrant bypassing a standard, transparent rulemaking process.

Equally troubling is the retroactive enforcement of requirements that were not previously established. Providers have already been cited for missing elements—such as family signatures on care plans—that were not formal requirements prior to implementation.

For years, providers have requested clarity on key operational issues, yet this rule was introduced rapidly without collaboration, creating confusion and inconsistency.

We respectfully request reconsideration of the emergency designation, suspension of retroactive enforcement, a transparent rulemaking process, and clear accountability.

We remain committed to collaboration to ensure safe, high-quality care while protecting the sustainability of adult care homes.

Sincerely,

Raluca Nicorici-Stoica
Raluca Nicorici-Stoica
President, Oregon Care Home Council

Date: March 19, 2026



ACHP Rules Advisory Committee <achp.rac@multco.us>

Testimony to for hearing dated 3/19/2026

Jacqueline Monroe <monroejj03@gmail.com>
To: "achp.rac@multco.us" <achp.rac@multco.us>

Thu, Mar 19, 2026 at 4:45 PM

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On Conduct, Culture, and the Need for Change
in Licensing Practice

Having served as a licensor for ten years — concluding my tenure in June 2025 — I write with firsthand knowledge of the culture and conduct that exists within our licensing community. What I witnessed over the course of my career compels me to speak plainly: the manner in which many licensors engage with operators is, at times, deeply disrespectful and counterproductive to our shared mission.

This concern is not new. Program Manager Steve Esser has openly acknowledged in staff meetings that licensors must develop stronger soft skills. I concur wholeheartedly. Effective regulation is not achieved through intimidation — it is achieved through professionalism, consistency, and mutual respect.

I have personally witnessed licensors assert, incorrectly, that they hold the authority to shut down a home unilaterally. Such claims are not only inaccurate — they are harmful. They erode trust, create fear, and undermine the credibility of our office. One particularly troubling incident stands out: a licensor, angered that an operator had used what she believed to be the wrong form, tore the document up and threw it on the floor. It was later confirmed that the form was correct. This type of conduct is wholly unacceptable in any professional setting.

The approach to licensing must change. The conduct surrounding Michelle Gilmore's license is a further example of this troubling pattern. She, too, has spoken of having power in ways that are neither accurate nor appropriate. This kind of posturing does not reflect the values of sound regulatory practice.

Our operators deserve to be treated as partners in care — as professionals working to meet compliance standards, not as adversaries to be managed through fear. A licensor who cannot balance accountability with respect has no place in this field. The solution is not complicated: hire and retain professionals who understand that effective regulation is built on integrity, not intimidation.

*Respectfully,
Jaclyn Wren/Monroe*



ACHP Rules Advisory Committee <achp.rac@multco.us>

By grace adult care home

1 message

Grigo Iarisa Ilie <grigo_larisa@yahoo.com>
To: Achp.rac@multco.us

Thu, Mar 19, 2026 at 5:07 PM

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I am opposed to the way this rule was implemented. The County labeled this an emergency temporary rule, yet no true emergency was demonstrated. Providers were cited for requirements that did not previously exist. Specifically, corrections were issued for missing family signatures on care plans, even though this was not an established rule. Enforcing rules retroactively is unfair and undermines confidence in the regulatory process.

I oppose your new rule !
Larisa Ilie
Sent from my iPhone