

Department of County Human Services



Aging, Disability & Veterans Services • Adult Care Home Program

The following is a description of and explanation for the proposed 2025 Multnomah County Administrative Rule (MCAR) revisions.

JURISDICTION:

Multnomah County Code, Chapter 23, Part 2: Adoption of Administrative Rules, beginning at § 23.650, outlines the process for administrative rule revision.

NEED FOR RULE REVISION:

The MCAR is required to meet or exceed applicable requirements of Oregon law as described within the Oregon Administrative Rules (OARs). MCAR revision is necessary at this time to comply with amendments made to applicable OARs. Current proposed MCAR revisions ensure mental health adult care homes are more easily able to provide emergency medications for the treatment of opioid overdoses; require all adult care adult care homes employ protections for the LGBTQIA2S+ community and for individuals living with HIV as required by SB 99 (2023); and require that homes meet Home and Community-Based Services (HCBS) training requirements.

OARs amended:

- Chapter 309, Division 40
- Chapter 411, Division 49
- Chapter 411, Division 50
- Chapter 411, Division 51
- Chapter 411, Division 360

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- OAR chapters 309 and 411 can be accessed at [Oregon Secretary of State](https://secure.sos.state.or.us/oard/ruleSearch.action), <https://secure.sos.state.or.us/oard/ruleSearch.action>

PLANNED EFFECTIVE DATE: March 17, 2025.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS COUNTY:

The Multnomah County Department of County Human Services follows this North Star: In Multnomah County, every person – at every stage in life – has equitable opportunities to thrive. The Department of County Human Services (DCHS) designs programs, services and funding to provide stability for Multnomah County residents across the lifespan. DCHS strives to not only uplift our community members in times of need – but to invest in innovative, future-oriented approaches to human services that prevent crises, build assets and nurture self-determination within our communities by addressing and redressing the root causes of racism and all other forms of inequity.

In 1981, Oregon became the first state granted a Federal waiver to use Medicaid funds for long term care in the community and the licensing of adult care homes began in 1986. From Multnomah County Code §23.602(B), "The goal of an adult care home is to provide necessary care to residents while emphasizing the resident's independence. This goal is reached through a cooperative relationship between the care provider and the resident, resident's family, or resident's legal representative in a setting that protects and encourages the residents' dignity, choice, and decision-making. Resident needs will be addressed in a manner that enables the individual to function at his or her highest level of independence." These efforts both operationalize and are supported by DCHS' mission and North Star.

Timely rule changes are essential for the adult care home program to stay current with state requirements and with the changing needs of residents, population growth, rapid development of best care practices and expanding expectations. In this way, the program can continue to support vulnerable populations while meeting obligations related to the provision of Medicaid-funded services.

FISCAL AND ECONOMIC IMPACT:

The County anticipates minimal fiscal impact from these rule changes. Potential impacts include additional staff training, and procurement of opioid overdose kits.

COST OF COMPLIANCE:

(1) Identify any County programs and/or members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Identify any County programs and/or members of the public likely to be economically affected by the rule(s).

The revisions are not expected to financially impact County programs or other members of the public.

(2) Effect on Small Businesses:

(a) Estimate the number and type of small businesses subject to the rule(s);

Adult care homes licensed to serve residents whose placements and services are authorized by the Multnomah County Behavioral Health Division (BHD) are expected to be impacted by revisions related to Opioid Antagonist medications and training. There are currently eight such homes. All licensed adult care homes in Multnomah County will experience increased training and training documentation requirements related to LGBTQIA2S+ and HIV protections and HCBS training requirements.

(b) Describe the expected reporting, recordkeeping, and administrative activities and cost required to comply with the rule(s);

The revisions are expected to increase documentation and operational activity related to maintenance and usage of opioid overdose kits and increase documentation related to the various training requirements. BH operators will be required to procure and properly maintain opioid overdose kits, document and report usage of the kits, and train regarding the usage of opioid antagonist medication. All operators and their staff will be required to participate in annual training related to HCBS, and biennial (every other year) training related to LGBTQIA2S+ and HIV protections.

(c) Estimate the cost of professional services, equipment supplies, labor, and increased administration required to comply with the rule(s).

The Oregon Health Authority (OHA) reports that they anticipate low-cost, possibly no-cost, options to procure opioid overdose kits. This medication is regularly offered at no cost from state and county medical programs. Otherwise kits and required components can be purchased for approximately \$50-\$125. The OHA also reports that they anticipate low to no-cost opioid antagonist training options. Otherwise costs can range from \$10 per credit hour to \$190 per course. LGBTQIA2S+ and HIV protections and HCBS training is currently offered at no cost. Increases in administrative activities related to documentation and reporting are expected to have minimal to no increase in cost.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The State of Oregon administered listening sessions and rule advisory committees open to the public related to the OAR updates that necessitate these MCAR revisions.

MCAR RULE CITATIONS WITH PROPOSED AMENDMENTS:

Amend: 023-020-105, 023-030-100 (adding 023-030-110), 023-040-320, 023-040-515, 023-040-618, 023-040-640, 023-040-805, 023-041-415, 023-050-100 (adding 023-050-114), 023-070-600 (adding 023-070-636, 023-070-637, and 023-070-638), 023-080-155, 023-080-320, 023-080-505, 023-080-575, 023-080-500 (adding 023-080-576 & 023-080-577), 023-080-608, 023-080-710, 023-080-775, 023-090-215, 023-090-200, adding 023-090-218, 023-090-220, 023-090-405, 023-090-455, 023-090-600 (adding 023-090-650), 023-100-440, 023-110-425, 023-130-415, 023-140-125, 023-140-210 for reasons specified under “rule summary” in each section;

EXECUTIVE SUMMARY OF AMENDMENTS:

- Added requirements related to Home and Community-Based Services (HCBS) including a description of required training, documentation of such in the home’s business record, and requirements that applicants provide evidence that required training has been completed by all required staff members at the time of initial or renewal license application;
- Added and updated rule language required by Senate Bill 99 which mandates protections for LGBTQIA2S+ community members and for individuals living with HIV.

Additions include new definitions; updated Resident Bill of Rights adding a section prohibiting discriminatory behavior based on LGBTQIA2S+ community membership or HIV status; state approved inclusive care training requirements for staff members and contractors; requirements that staff members provide evidence of having completed training with the required frequency, and documentation of such in the home's business record; required resident review and posting of a nondiscrimination policy notice with prescribed language related to a resident's or prospective resident's LGBTQIA2S+ community membership or HIV status; resident record requirements related to chosen name and pronouns and added privacy protections;

- Added requirements for behavioral health licensed adult care homes regarding training for use of and maintenance of opioid antagonist medications in the home; documentation of use; and requirement that opioid antagonist medications are offered to residents upon discharge;
- Correction of three typographical errors;
- Updated all references to "Mental Health and Addictions Services" or "MHASD" replacing them with "Behavioral Health Division" or "BHD" as applicable due to division name change; and
- Replacing "Mental Health and Addictions" and "MHA" license classification references with "Behavioral Health" and "BH" as applicable.

The following section describes proposed changes line-by-line. Language that is ~~struck through~~ represents current language being removed or amended. Underlined language represents additions or language replacing removed text.

AMEND:023-020-105

RULE SUMMARY: This update adds definitions required by Senate Bill 99 (2023) including "gender expression," "gender identity," "gender nonconforming," "gender transition," "harass" or "harassment," "LGBTQIA2S+" and the associated definitions of "lesbian," "gay," "bisexual," "transgender," "queer," "intersex," "asexual," "Two-spirit (2S)," along with an explanation of the included "+" symbol, "nonbinary," "reasonable clinical judgment," and "sexual orientation;" adds definitions associated with opioids including: "Naloxone," "Opioid," "Opioid Overdose," and "Opioid Overdose Kit;" updates MCAR references that have changed, and updates the name/abbreviation for the Multnomah County Behavioral Health Division (BHD).

CHANGES TO RULE:

PART II – DEFINITIONS

023-020-100 DEFINITIONS

020-105 For the purpose of these rules, the following definitions apply:¶

[...]

(9) Asexual – Sometimes shortened to "Ace," a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little, or conditional sexual attraction. Many people who are asexual still identify with a specific romantic orientation.¶

(910) Background Checks - records and related data, including fingerprints, received, compiled,

and disseminated by the Oregon State Police and any other local and national law enforcement agencies for purposes of identifying criminal offenders and alleged offenders and pertaining to such persons records of arrest, the nature and disposition of criminal charges, sentencing, confinement, and release.¶

(~~40~~11) Back-Up Operator – a Multnomah County Operator or an ACHP-approved Resident Manager of the same or higher license classification who does not live in the home and who has agreed to oversee the operation of an adult care home, in the event of an emergency.

(~~44~~12) Bed-care - requiring that all assistance with activities of daily living, not including cognition and behavior, be completed in the resident's bed.¶

(~~66~~13) ~~Behavioral Health Mental Health and Addictions Services~~ Division (~~MHASDBHD~~) - a Multnomah County Health Department division designated by the State of Oregon to provide a variety of services to eligible persons residing in Multnomah County with addictions or mental illness.¶

(~~14~~2) Behavioral Management - those interventions that modify the resident's behavior or the resident's environment for the purpose of modifying behavior. For residents funded through DDSD, the interventions must be identified in a Behavioral Support Plan, written by a behavioral professional.¶

(15) Bisexual - an individual who has the potential to be physically, romantically, or emotionally attracted to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree.¶

(~~16~~3) Board of Nursing Rules - the standards for Registered Nurse Teaching and Delegation to Unlicensed Persons according to the statutes and rules of the Oregon State Board of Nursing, ORS 678.010 to 678.445 and OAR Chapter 851, Division 47.¶

(~~17~~4) Care - the provision of supervision and assistance with Activities of Daily Living, such as assistance with eating, bathing/personal hygiene, toileting, behavior management, dressing, and providing mobility. Care also means assistance to promote maximum independence and enhance the quality of life for residents. Assistance with self-medication is not included as part of care for the purposes of these rules.¶

(~~18~~5) Caregiver - any person employed by the Operator to provide residential care and services to residents.¶

(~~19~~6) Case Manager/Services Coordinator - a person employed by ADVSD, DDSD, or local, regional, or state allied agency approved by ~~MHASDBHD~~ who oversees the care and service provided to a resident from various social and health care services.¶

(~~47~~20) Certified Nursing Assistant - a person who assists licensed nursing personnel in providing nursing care and who has been certified by an approved training program in accordance with rules adopted by the Oregon State Board of Nursing in OAR Chapter 851. Nursing assistants may be known as, but are not limited to, Certified Nurse's Aide (CNA), a nurse's aide, home health aide, geriatric aide, or psychiatric aide.¶

(~~48~~21) Classification Level (Class) - the ACHP's determination during licensure of the level of care an adult care home may provide. The ACHP classifies adult care homes for populations served in Multnomah County by the following divisions: Aging, Disability and Veterans Services Division (ADVSD), Developmental Disabilities Services Division (DDSD), and ~~Mental Health and Addiction Services~~ Behavioral Health Division (~~MHASDBHD~~). Homes serving ADVSD consumers will be classified as Aging and People with Disabilities (APD) Class 1, 2 or 3. Class 3 homes may also be classified as APD Vent A, Vent B, or Vent C. Homes serving DDSD

consumers will be classified as Developmental Disabilities (DD) Class 1, Class 2B, or Class 2M. Homes serving [MHASDBHD](#) consumers will be classified as [Mental Health and Addictions Behavioral Health \(MHABH\)](#) Class 1 or Class 2. See MCAR 023-041-100.¶

([4922](#)) Clutter - an accumulation of material that impedes or obstructs a person's progress through a room, restricts use of a room, and/or may present a fire or safety hazard.¶

([2023](#)) Code of Federal Regulations (CFR) - the codification of the rules and regulations published in the Federal Register and produced by federal government departments and agencies.

([244](#)) Cognitive - pertaining to the mental state, thought, and deliberative processes of the mind.¶

([252](#)) Compensation - payments, or the promise to pay, in cash, in-kind, or in labor, by or on behalf of a resident to an Operator or common fund in exchange for room, board, care, and/or services, including any supervision, care, and services specified in the care plan/ISP/Personal Care Plan. Compensation does not include the voluntary sharing of expenses between or among roommates.¶

([263](#)) Complaint - an allegation that an Operator or other person has violated these rules or an expression of dissatisfaction relating to the condition of the adult care home or to that of a resident.¶

([274](#)) Compliance - meeting the requirements of ACHP rules, orders, or any applicable laws, codes, regulations, or ordinances.¶

([285](#)) Conditions – provisions or additional requirements placed on a new license or as a sanction imposed on an existing license by the ACHP, which limits or restricts the scope of the license or imposes additional requirements on the Operator.¶

([296](#)) Consumer - a Medicaid eligible resident in an adult care home. For the purposes of these rules Private-Pay residents are not considered consumers.¶

([2730](#)) Day Care Resident - an individual who receives residential care in an adult care home but who does not stay overnight.¶

([2831](#)) Delegation - the process by which a registered nurse teaches and supervises a nursing task.¶

([2932](#)) Department of Human Services (DHS) - a department of the State of Oregon.¶

([330](#)) Developmental Disabilities Services Division (DDSD) - a Multnomah County Department of County Human Services division designated by the State of Oregon to provide various services to eligible persons residing in Multnomah County who have a developmental disability.¶

([344](#)) Director - the Director of ADVSD or their designee.¶

([352](#)) Disability - a physical, cognitive, or emotional impairment that constitutes or results in a functional limitation in one or more activities of daily living for an individual.¶

([363](#)) Discrimination - differential treatment or denial of normal privileges to persons because of their race, age, gender, sexual orientation, gender identity, disability, nationality, or religion.

([374](#)) Disposal of Medications - see Medication Disposal.¶

([385](#)) Domestic violence - also known as “domestic abuse” or “spousal abuse,” occurs when a family member, partner, ex-partner, or other household member attempts to physically or psychologically dominate, abuse, or harm another family or household member.¶

([396](#)) Established relationship - a relationship between a prospective provider and a prospective resident for at least 12 months that is characterized by the exchange of emotional and/or physical supports.

(3740) Evacuation Drill - an exercise performed to train staff and occupants to evaluate their efficiency and effectiveness in carrying out emergency evacuations.¶

(3841) Exclusion Lists - federal lists that exclude listed individuals from receiving federal awards, not limited to Medicaid and Medicare programs, including the U.S. Office of Inspector General's Exclusion List (www.exclusions.oig.hhs.gov) and the U.S. General Services Administration's System for Award Management Exclusion List (www.sam.gov).¶

(3942) Exit-way - a continuous and unobstructed path of travel, separated from other spaces of the home by a fire or smoke barrier, through which a person can safely exit to the outside of the home. This includes room spaces, doorways, hallways, corridors, passageways, balconies, ramps, stairs, horizontal exits, courts, and yards. Corridors and hallways must be a minimum of 36 inches wide or as approved by the authority having jurisdiction. Interior doorways must be wide enough to accommodate wheelchairs and walkers if used by residents. Bedroom windows and doors identified as exits must be free of obstacles that would interfere with evacuation.¶

(439) Family Member - for the purposes of these rules, a husband, wife, domestic partner, natural parent, child, sibling, adopted child, adoptive sibling, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, or first cousin of the Operator, Resident Manager, or live-in caregiver.¶

(444) Financial Abuse or Financial Exploitation – financial abuse or financial exploitation as defined under Abuse (See Definition 1).¶

(452) Fire Barrier - a continuous surface, such as a wall, ceiling, or floor, designed to limit the spread of fire and restrict smoke movement, including doors that are tight-fitting solid core wood, and are equipped with a closing device such as spring-loaded hinges and meet all applicable laws, codes, and rules.¶

(463) Flame Spread Rating - a measure of how fast flames will move across the surface of a material.¶

(474) Full-Time - duration of work activity equal to or greater than 32 hours per week.¶

(48) Gay - the sexual orientation of an individual attracted to people of the same gender. Although often used as an umbrella term, it is used more specifically to describe men attracted to men.¶

(49) Gender Expression - an individual's gender-related appearance and behavior, whether or not these are stereotypically associated with the individual's gender identity or the sex the individual was assigned at birth.¶

(50) Gender Identity - an individual's internal, deeply held knowledge or sense of the individual's gender, regardless of physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in medical records or as it is described by any other individual, including a family member, guardian, or legal representative of the individual. An individual's gender identity is the last gender identity conveyed or communicated by an individual who lacks the present ability to communicate.¶

(51) Gender Nonconforming - having a gender expression that does not conform to stereotypical expectations of one's gender.¶

(52) Gender Transition - a process by which an individual begins to live according to that individual's gender identity rather than the sex the person was assigned at birth. The process may or may not include changing the individual's clothing, appearance, name or identification documents, or undergoing medical treatments.¶

(53) Harass or Harassment - to act in a manner that is unwanted, unwelcomed, or uninvited, or that demeans, threatens, or offends a resident.¶

(a) This includes bullying, denigrating, or threatening a resident based on a resident's actual or perceived status as a member of one of the federal, state, or local protected classes, such as:¶

(i) Race.¶

(ii) Color.¶

(iii) National origin.¶

(iv) Religion.¶

(v) Disability.¶

(vi) Sex (includes pregnancy).¶

(vii) Sexual orientation.¶

(viii) Gender, gender identity, or gender expression.¶

(ix) Age.¶

(x) Marital status.¶

(xi) Veteran status.¶

(b) An example of harassment includes, but is not limited to, requiring a resident to show identity documents in order to gain entrance to a restroom or other area of an ACH that is available to other individuals of the same gender identity as the resident.¶

(454) Hearing - an administrative proceeding in which a hearings officer hears testimony, considers evidence, makes findings of fact and conclusions of law, and enters orders relating to the duties, rights, and privileges of parties.¶

(4655) Home - the physical structure in which residents live. Home is synonymous with adult care home.¶

(4756) Home Alone - when one resident is in an adult care home without an approved caregiver or any other resident present.¶

(4857) Home and Community-Based Services (HCBS) - Home and CommunityBased Services as defined in OAR chapter 411, division 4.¶

(4958) Home and Community-Based Settings (HCB Settings) - a physical location meeting the qualities of OAR 411-004-0020 where an individual receives Home and Community-Based Services.¶

(599) Homelike - a comfortable, safe, secure environment where the adult care home is more like a home than a medical facility, where the resident's dignity and rights are respected, interaction between members of the home is encouraged, and the residents' independence and decision-making are protected and supported.¶

(5460) Housekeeper - a person who works in an adult care home and whose duties may include cleaning, laundry, and cooking. A housekeeper shall not provide any residential care to residents in an adult care home.¶

(5261) Immediate Threat (Imminent Danger) - a danger that could reasonably be expected to cause death or cause harm to a person's physical or mental well-being as a result of abandonment, abuse, neglect, exploitation, hazardous conditions, or threatening behavior. It may pose a threat to the life, health, safety, or welfare of residents, caregivers, or other occupants in the immediate future, or before such danger could be eliminated through the regular enforcement procedures.¶

(5362) Incident Report - a written report of any injury, accident, acts of physical aggression, use of physical restraints or protective physical interventions, medication error, death, or unusual

incident involving a resident or the home and/or providers. See MCAR 023-090-220(hi).¶
(5463) Indirect Ownership Interest - an ownership interest in an entity that has an ownership interest in the disclosing entity.¶
(5564) Individual - a resident of an adult care home receiving Home and Community-Based Services and may include adults receiving day care services in the home.¶
(565) Individually-Based Limitation or Limitation - any limitation to the rights described in MCAR 023-040-125 (d-i) and defined in OAR chapter 411, division 04. A limitation must be based on a specific assessed need and may be implemented only with the informed consent of the resident or the resident's representative.¶
(5766) Informed Consent - the consent that a resident or a resident's representative gives to a person-centered service plan of action, including any individually-based limitations to the rules, prior to implementation of the initial or updated person-centered service plan or any individually-based limitation. Consent follows an explanation of all options, risks, and benefits to the resident or their representative in a manner that the resident or the resident's representative comprehends.¶
(67) Intersex - someone who presents with sex traits and/or reproductive anatomy that doesn't fit the stereotypical definitions of male or female. Intersex traits greatly vary, including differences in, but not limited to, hormone production and reproductive anatomy.¶
(658) Inspection - an on-site evaluation of the physical environment and related records of an adult care home in order to determine whether the home is in compliance with applicable laws, codes, and rules prior to issuing or renewing a license; or in order to monitor ongoing compliance of the home; or in order to determine the validity of a complaint or concern.¶
(659) Investigation - the process of finding out whether or not a violation of ACHP rules has occurred through interviews, on-site visits, and other methods of inquiry.¶
(70) Lesbian - the sexual orientation of an individual who identifies as female, feminine presenting, or nonbinary and who is physically, romantically, or emotionally attracted to other female, feminine presenting, or nonbinary individuals. Some lesbians may prefer to identify as gay, a gay woman, queer, or in other ways.¶
(71) LGBTQIA2S+ - an abbreviation for a list of terms: lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and Two Spirit (2S). The "+" is an inclusive symbol used to represent gender identities or expressions, and/or romantic and sexual orientations that are not included in the other letters of the abbreviation.¶
(6072) Licensed Health Care Professional (HCP) - a person who possesses a professional medical license that is valid in Oregon. Examples include but are not limited to a registered nurse (RN), nurse practitioner (NP), licensed practical nurse (LPN), medical doctor (MD), physician assistant (PA), osteopathic physician (DO), respiratory therapist (RT), physical therapist (PT), chiropractor (DC), and occupational therapist (OT).¶
(6473) Limited License – a licensed adult care home that provides residential care for compensation to only one specific individual who is not related to the Operator by blood, adoption, or marriage, but with whom there is an established relationship. Twenty-four-hour supervision is required.¶
(6274) Liquid Financial Resource - cash or those assets that can readily be converted to cash such as a life insurance policy or retirement fund that has a verifiable cash value. Liquid Resources cannot require third-party approval. Credit cards and lines of credit are excluded.¶
(7563) Long Term Care Assessment Form - a form, provided by the ACHP and signed by a

resident who pays privately for care, which verifies that the resident has been advised that they may have an assessment to provide the individual with their placement options. The Operator shall maintain a copy of the form in the resident records.¶

(6476) Medication Disposal - the destruction of unused, outdated, discontinued, recalled, and contaminated medications, including controlled substances, according to federal guidelines or according to the requirements of the adult care home's local waste management company. Disposal includes the destruction of all labels from prescription bottles and boxed items, including patches, to prevent identity theft and misuse. Disposal also includes documentation of the name of the medications, quantity, and date of disposal.¶

(6577) Medical Emergency - a change in medical condition that requires an immediate response of a level or type that the Operator is unable to provide or behavior that poses an immediate threat to the resident or to other residents or people living in the home.¶

~~(66) Mental Health and Addictions Services Division (MHASD) - a Multnomah County Health Department division designated by the State of Oregon to provide a variety of services to eligible persons residing in Multnomah County with addictions or mental illness.¶~~

(6778) Multnomah County Administrative Rules (MCAR) - for the purpose of this document, MCAR refers to the Multnomah County Administrative Rules for Licensure of Adult Care Homes.¶

(79) Naloxone - an FDA-approved short-acting, non-injectable, opioid antagonist medication used for the emergency treatment and temporary rapid reversal of known or suspected opioid overdose.¶

(8068) Neglect – neglect as defined under Abuse (see Definition 1).¶

(81) Nonbinary - an individual who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.¶

(6982) Nurse - a person licensed to practice nursing by the Oregon State Board of Nursing as a practical nurse (LPN), registered nurse (RN), and an RN certified as a nurse practitioner, under authority of ORS Chapter 678 in accordance with OAR Chapter 851.¶

(7083) Nursing Care - the practice of nursing by a licensed nurse, including tasks and functions relating to the provision of nursing care that are taught or delegated under specified conditions by a registered nurse to persons other than licensed nursing personnel, which is governed by ORS Chapter 678 and rules adopted by the Oregon State Board of Nursing in OAR Chapter 851.¶

(7184) Occupant - anyone residing in or using the facilities of the adult care home including all residents, Operators, Resident Managers, caregivers, friends, family members, day care persons, and boarders.¶

(7285) Office of Developmental Disabilities Services (ODDS) - a division of the Oregon Department of Human Services serving individuals with intellectual and developmental disabilities.¶

(7386) Older adult - any person age 65 or older.¶

(7487) Ombudsman Program - the Oregon Long-Term Care Ombudsman, who has jurisdiction over homes licensed APD, and Residential Facilities Ombudsman, who has jurisdiction over homes licensed DD and [MHA BH](#), have Deputy Ombudsmen who supervise individual

volunteers. These volunteers are designated to act as representatives of the Ombudsman Program to investigate and resolve complaints on behalf of adult care home residents. When the term “Ombudsman” is used it refers to both the Long-Term Care and Residential Facilities Ombudsmen.¶

(7588) Operator - the person approved and licensed by the ACHP to operate the adult care home. The operator has overall responsibility for the provision of residential care and must meet the standards outlined in these rules. An Operator does not include the owner or lessor of the adult care home unless that person is also the Operator.¶

(89) Opioid - natural, synthetic, or semi-synthetic chemicals normally prescribed to treat pain. This class of drugs includes, but is not limited to, illegal drugs such as heroin, natural drugs such as morphine and codeine, synthetic drugs such as fentanyl and tramadol, and semi-synthetic drugs such as oxycodone, hydrocodone, and hydromorphone.¶

(90) Opioid Overdose - a medical condition that causes depressed consciousness and mental functioning, decreased movement, depressed respiratory function and the impairment of the vital functions as a result of taking opiates in an amount larger than can be physically tolerated.¶

(91) Opioid Overdose Kit - an ultraviolet light-protected hard case containing a minimum of two doses of an FDA-approved short-acting, non-injectable, opioid antagonist medication, one pair non-latex gloves, one face mask, one disposable face shield for rescue breathing, and a short-acting, non-injectable, opioid antagonist medication administration instruction card.¶

(7692) Oregon Administrative Rules (OAR) - a compilation of administrative rules adopted by the various state departments, divisions, and agencies.¶

(7793) Oregon Health Authority (OHA) – a department of the State of Oregon.¶

(7894) Oregon Intervention System (OIS) – a system of providing training of elements of positive behavior support and non-aversive behavior intervention used in Developmental Disabilities Services.¶

(795) Person-Centered Service Plan – can also be the Service Plan, Plan of Care, Individual Support Plan, or Personal Care Plan as determined by the Oregon Department of Human Services or Oregon Health Authority. It includes written details of the supports, desired outcomes, activities, and resources required for or preferred by an individual to achieve and maintain personal goals, health, and safety, as described in OAR 411-004. It must include who, when, and how often care, services, and/or supervision shall be provided:¶

(a) For residents receiving Medicaid or who receive case management services, it is completed by the Person-Centered Service Plan coordinator (i.e. the case manager/services coordinator/personal agent).¶

(b) For residents paying privately and not receiving case management services, it is completed by the individual, and as applicable, the legal or designated representative of the individual and others as chosen by the individual. The Operator may assist privately paying individuals in developing Person-Centered Service Plans when no alternative resources are available.¶

(8996) Physician - a person who has been licensed to practice medicine by the Oregon State Board of Medical Examiners, under authority of ORS Chapter 677.¶

(8497) Point of Safety - a location that is exterior to and away from the home. It includes both an initial and final point of safety:¶

(a) Initial Point of Safety – A location that is exterior to and at least 25 feet away from the home, has direct access to a public sidewalk or street, is away from the fire area, and is not in the backyard of a home unless the backyard has direct access to a public street or sidewalk.¶

(b) Final Point of Safety – A location that is exterior to and at least 50 feet away from the home, has direct access to a public sidewalk or street, is away from the fire area, and is not in the backyard of a home unless the backyard has direct access to a public street or sidewalk.¶

(8298) Prescribing Licensed Health Care Professional - a physician, physician assistant, nurse practitioner, dentist, ophthalmologist, or other health care practitioner with prescribing authority.¶

(99) Professionally Reasonable Clinical Judgment - the application of healthcare knowledge based on clinical reasoning, evidence, and theories.¶

(83100) Protective Services Agency – the program that receives reports of and investigates complaints of abuse under the direction of OAAPI. A protective services agency is population specific; it is Adult Protective Services for older adults or adults served by Aging, Disability and Veterans Services, the Abuse Investigation Team for adults served by Developmental Disability Services, and Adult Protective Service Mental Health for adults served by the Behavioral Health Division~~Mental Health and Addiction Services~~.¶

(84101) Provider - any person responsible for providing residential care and services to residents in an adult care home, including the Operator, Resident Manager or Shift Manager, and any caregivers.¶

(85102) P.R.N. (pro re nata) Medications and Treatments - those medications and treatments ordered by a prescribing licensed health care professional to be given as needed.¶

(86103) Provisional License - a 60-day temporary license issued to a qualified person in an unforeseen emergency where the licensed Operator is no longer overseeing the operation of the adult care home.¶

(87104) Psychoactive/Psychotropic Medications - various medications used to alter mood, anxiety, behavior, or cognitive processes. For the purpose of these rules, psychoactive medications include, but are not limited to, antipsychotics, sedatives, hypnotics, and anti-anxiety medications.¶

(88105) Qualified Entity Designee (QED) - an Operator appointed by the DHS Background Check Unit to submit background checks for subject individuals.¶

(89106) Qualified Person - a person who is at least 21 years of age and meets the definition of a caregiver.¶

(107) Queer - is a term that is often used as a catch-all to refer to the LGBTQIA2S+ population as a whole. It can also be used to describe individuals who do not identify as exclusively heterosexual, who have nonbinary or gender-expansive identities, or at times, transgender individuals who identify as male or female. While this term has been reclaimed by many parts of the LGBTQIA2S+ movement, it was previously used as a slur and should only be used to refer to a specific person if that person self-identifies as queer.¶

(90108) Relative - see Family Member.¶

(9109) Representative – a legal or designated representative, as applicable to a resident's needs and preferences:¶

(a) Legal Representative - a person who has the legal authority to act for a resident. The legal representative has authority to act only within the scope and limits of their authority as designated by the court or other agreement. For health care decisions, this is a court-appointed guardian, a health care representative under an Advance Directive for Health Care, or a power of attorney for health care. For financial decisions, this is a legal conservator, an agent under a power of attorney, or a representative payee.¶

(b) Designated Representative - any adult, such as a parent, family member, guardian,

advocate, or other person who is chosen by the resident or, as applicable, by the resident's legal representative, and is not a paid provider for the resident and is authorized by the resident or the resident's legal representative to serve as the representative of the resident in connection with the provision of funded support. The power to act as a Designated Representative is valid until the resident modifies or ends the authorization.¶

(92110) Reside - to make the adult care home a person's residence on a frequent or continuous basis.¶

(93111) Residency Agreement or Agreement - the written and legally enforceable agreement between an adult care home Operator and an individual receiving Home and Community-Based Services, or the individual's representative, in an Operator-owned or controlled setting. The Residency Agreement identifies the home's policies, the rights and responsibilities of the individual and the Operator, and provides the individual protection from involuntary moves substantially equivalent to landlord-tenant laws.¶

(94112) Resident - an individual unrelated to the Operator or Resident Manager who is receiving Room and Board, day care, and/or residential care services in an adult care home that receives compensation. For the purposes of these rules, a relative will be considered a resident of the adult care home when the relative receives the above services from a licensed adult care home and the home receives compensation for providing these services to the relative.¶

(95113) Resident Manager - a person employed by the adult care home Operator and approved by the ACHP who lives in the home, is responsible for daily operation of the home and care given to residents on a 24-hour per day basis for five consecutive days, and must comply with ACHP rules.¶

(96114) Resident Rights - civil, legal, or human rights, including but not limited to those rights listed in the adult care home Residents' Bill of Rights.¶

(97115) Residential Care - the provision of care, services, and medication management in an adult care home.¶

(98116) Restraint - any physical method, device, or chemical substance that restricts or may restrict the resident's normal movement, body access, or functioning.¶

(a) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached to, or adjacent to, the resident's body that the resident cannot easily remove and restricts freedom of movement or normal access to their body. Physical restraints include, but are not limited to, leg restraints, soft ties or vests, hand mitts, wheelchair safety bars, lap trays, any chair that prevents rising, and GeriChairs. Side rails (bed rails) are considered restraints when they are used to prevent a resident from getting out of a bed. When a resident requests a side rail (e.g., for the purpose of assisting with turning), the side rail may not be considered a restraint.¶

(b) A chemical restraint is any substance or drug used for the purpose of discipline or convenience that has the effect of restricting the individual's freedom of movement or behavior. A chemical restraint does not include a regularly scheduled prescribed medication that is administered as ordered and is used to treat the individual's medical or psychiatric condition.¶

(99117) Room and Board - the provision of meals, a place to sleep, laundry, and housekeeping in return for compensation that is provided to persons who do not need assistance with activities of daily living.¶

(1899) Room and Board Home - a licensed home that offers only room and board for compensation to one or more older adults or adults with physical, mental, or developmental

disabilities. These adults do not need assistance with ADLs. Room and Board Homes do not provide any care, but may provide assistance with money management and medication management (for residents who are capable of self-administering medications). For the purposes of these rules, Room and Board Homes do not include the following:¶¶

- (a) Any facility operated by an institution of higher education.¶¶
- (b) Any private room and board facility approved by an institution of higher education that has a resident student or an employee of the institution.¶¶
- (c) Any private or non-profit retirement facility that does not fall under the generally understood definition of a Room and Board Home, a Boarding House, or a Boarding Hotel, and where a majority of these residents are retirees.¶¶
- (d) Any privately arranged housing in which occupants may not be related by blood or marriage.¶¶
- (e) Any facility that is licensed or registered under any other state or city law or county ordinance or regulation.¶¶

(1199) Secondary Exit - an alternate to the common/primary exit that is a door, stairway, hall, or approved window. For residents whose bedrooms are not on the ground floor or whose exterior bedroom window sill is 72 inches or more above the ground, the secondary exit needs to be an entrance to exterior stairs or a ramp to the ground level.¶¶

(1200) Self-Administration of Medication - the act of a resident placing a medication in or on their own body without assistance. In addition, the resident has the ability to identify the medication and the times and manners of administration.¶¶

(12103) Self Preservation - in relation to fire and life safety, the ability of a resident to respond to an alarm without additional cues and to reach a point of safety on their own.¶¶

(12204) Services - activities related to the clean, healthy, and orderly operation of the home. These activities include, but are not limited to, housekeeping, cooking, laundry, transportation, or recreation performed by an Operator, employee, or volunteer for the benefit of residents. Services also means activities that help the residents develop skills to increase or maintain their level of functioning or assist them with personal care or ADL or individual social activities.¶¶

(12305) Sexual Exploitation - sexual abuse as defined under Abuse (see Definition 1).¶¶

(124) Sexual orientation - romantic or sexual attraction, or a lack of romantic or sexual attraction, to other people.¶¶

(12506) Shift Manager - a caregiver who, only by written exception of the ACHP, is responsible for providing care for regularly scheduled periods of time, such as 8 or 12 hours, in homes where no Operator or Resident Manager is living in the home. Shift Managers are required to meet all Resident Manager criteria (e.g., training, testing, experience), and they must fulfill all duties and requirements of a Resident Manager (see MCAR 023-070-845).¶¶

(12607) Single Action Door Lock - a lock that opens from the inside with a single action.¶¶

(a) For interior doors, a lock with a lever that opens from the inside with a single action (e.g., engaging the lever) (b) For exterior doors with a deadbolt, the lock must have an interconnect device that links the deadbolt and the lever handle for simultaneous single action release.¶¶

(12708) Smoke Barrier - see Fire Barrier.¶¶

(12809) Special Needs - resident care needs that are distinct or unique, that require specialized experience and skill, arising from but not limited to issues relating to language, culture, medical marijuana, sex offenses, or complex medical conditions such as ventilator care or traumatic brain injury.¶¶

(12940) Subject Individual - See MCAR 023-070-415.¶

(130) Transgender - having a gender identity or gender expression that differs from the sex one was assigned at birth, regardless of whether one has undergone or is in the process of undergoing gender-affirming care. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as heterosexual, gay, lesbian, bisexual, etc.¶

(131) Two-Spirit (2S) - a term used within some Indigenous communities, encompassing cultural, spiritual, sexual, and gender identity. The term reflects complex indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures. The definition and common use of the term two-spirit may vary among Tribes and Tribal communities.¶

(13244) Unusual Incident - those incidents involving loss of resident personal property, including treatments or adaptive equipment; acts of physical aggression; serious illnesses or accidents; any injury or illness of a resident requiring a non-routine visit to a health care practitioner; suicide attempts; death of a resident; when a resident contacts the police or is contacted by the police; a fire requiring the services of a fire department; or any incident requiring an abuse investigation.¶

(13342) Written Warning – a written notification of a rule violation intended as a teaching tool to assist Operators in complying with Multnomah County Administrative Rules.¶

AMEND:023-030-100, adding 023-030-110

RULE SUMMARY: This change updates the resident rights listed to include rights and protections added related to the LGBTQIA2S+ community and the community of individuals living with HIV.

CHANGES TO RULE:

PART III – RESIDENTS’ BILL OF RIGHTS, FREEDOMS, AND PROTECTIONS

023-030-100 RESIDENTS’ BILL OF RIGHTS

030-105 Each resident of an adult care home in Multnomah County has a right to:¶

- (a) Be treated as an adult with respect and dignity. (b) Live in a safe, secure, homelike environment.¶
- (c) Be informed of all resident rights.¶
- (d) Be encouraged and assisted to exercise constitutional and legal rights, including the right to vote and to act on one’s own behalf.¶
- (e) Be given information about their medical condition.¶
- (f) Consent to or refuse treatment, medication, or training, examination, and/or observation.¶
- (g) Have all medical and personal information kept confidential.¶
- (h) Receive appropriate and person-centered care and services from the adult care home and access to prompt medical care as needed.¶
- (i) Be free from abuse.¶
- (j) Be free to make suggestions or complaints without fear of retaliation.¶
- (k) Be free from financial exploitation, including being charged for application fees or non-refundable deposits, or the solicitation of money or property by any provider other than the amount agreed to for care and services.¶

- (l) Be free from physical or chemical restraints except when there is an approved individually-based limitation and as ordered by a physician, prescribing licensed health care professional, or behavioral professional. Restraints are used only for medical or behavioral reasons to maximize a resident's physical functioning and only after other alternatives have been tried. Restraints are not used for discipline or convenience.¶
- (m) Be free from discrimination in regard to race, color, national origin, gender, gender identity, sexual orientation, disability, or religion.¶
- (n) Be afforded personal privacy, the opportunity to associate and communicate privately with any person the resident chooses, to send and receive mail unopened, and to use the telephone and electronic forms of communication in private.¶
- (o) Have access to and participate in social, religious, and community activities.¶
- (p) Make personal decisions about such things as friends, leisure activities, choice of physician, spending personal money, food, personal schedules, and place of residence.¶
- (q) Be allowed and encouraged to develop talents and learn new skills, relate to other residents in meaningful ways, and the choice to take part in the normal activities and upkeep of the home.¶
- (r) Keep and use a reasonable amount of personal clothing and other belongings and have a reasonable amount of private, secure storage space.¶
- (s) Be free to manage their own money and financial affairs unless legally restricted.¶
- (t) Receive a written Residency Agreement regarding the services the home shall provide and rates charged. A resident shall receive at least 30 calendar days' written notice before the home's ownership or rates change.¶
- (u) Receive 30 calendar days' written notice from the Operator and an opportunity for a hearing prior to being involuntarily moved or transferred out of the adult care home, unless the ACHP has established that there is imminent danger to someone in the home. Thirty calendar days' written notice may be given only for medical reasons, the welfare of the resident or other resident residing in the adult care home, or for nonpayment as described in MCAR 023-090-615.¶
- (v) Receive complete privacy, especially when receiving treatment or personal care.¶
- (w) Be free to establish an Advance Directive, Physician's Order for Life-Sustaining Treatment (POLST), or Do Not Resuscitate (DNR) orders, and be free from discrimination in regard to the execution of these documents.¶
- (x) The HCBS protections and freedoms for individuals residing in provider-owned, controlled, or operated residential settings, as authorized by 42 CFR 441.301(c)(4) and 42 CFR 41.530(a)(1).¶
- (1) To live under a legally enforceable Residency Agreement with protections substantially equivalent to landlord-tenant laws.¶
- (2) Freedom and support to access personal food at any time.¶
- (3) Visitors of one's choosing at any time.¶
- (4) A lockable door in one's bedroom or living unit lockable by the resident, with the resident and only appropriate staff having a key to access the unit.¶
- (5) Choice of roommate, when residing in a shared room.¶
- (6) Choice to furnish and decorate one's bedroom.¶
- (7) Freedom and support to control of one's schedule and activities.¶
- (8) Privacy in one's bedroom or living unit.¶

(y) Practice the religion of one's choice.¶

(z) Not be forced to work against one's will and to be paid for agreed-upon work.¶

030-110 Providers and/or ACH staff may not take any of the following actions based, in whole or in part, on a resident's actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status:¶

(a) Deny admission to an ACH, transfer or refuse to transfer a resident within an ACH or to another ACH, or involuntarily move a resident from an ACH.¶

(b) Deny a request by a resident to choose the resident's roommate, when a resident is sharing a room.¶

(c) If rooms are assigned by gender, assign, reassign, or refuse to assign a room to a transgender or other LGBTQIA2S+ resident other than in accordance with the resident's gender identity, unless at the request of the resident or if required by federal law.¶

(d) Prohibit a resident from using or harass a resident who seeks to use or does use, a restroom that is available to other individuals of the same gender identity as the resident, regardless of whether the resident is making a gender transition, has taken or is taking hormones, has undergone gender affirmation surgery, or presents as gender nonconforming.¶

(e) Repeatedly and willfully refuse to use a resident's chosen name or pronouns after being reasonably informed of the resident's chosen name or pronouns.¶

(f) Deny a resident the right to wear or be dressed in clothing, accessories or cosmetics, or to engage in grooming practices that are or would be permitted to any other resident regardless of gender identity or sex assigned at birth.¶

(g) Restrict a resident's right to associate with other residents or with visitors, including the resident's right to consensual sexual relations or to display physical affection, unless the restriction is uniformly applied to all residents in a nondiscriminatory manner.¶

(h) Deny or restrict medical or nonmedical care that is appropriate to a resident's organs and bodily needs, or provide medical or nonmedical care that, to a similarly situated, reasonable person, unduly demeans the resident's dignity or causes avoidable discomfort.¶

(i) Fail to accept a resident's verbal or written attestation of the resident's gender identity or require a resident to provide proof of the resident's gender identity using any form of identification.¶

(j) Fail to take reasonable actions, within the provider's control, to prevent discrimination or harassment when the provider knows or should have known about the discrimination or harassment.¶

(k) Refuse or willfully fail to provide any service, care, or reasonable accommodation to a resident or an applicant for services or care.¶

(l) Refuse to provide access to any assessments, therapies, and treatments that are recommended by the resident's health care provider, including but not limited to transgender-related medical care, hormone therapy, and supportive counseling.¶

AMEND:023-040-320

RULE SUMMARY: This change adds the ACH's required nondiscrimination policy and evidence of required HCBS training and LGBTQIA2S+ protections and HIV Care training to the list of application materials.

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-040-300 NEW LICENSE APPLICATION

040-320 Applications for new adult care home Operator licenses returned to the ACHP shall include:¶

(a) A completed ACHP application packet.¶

(b) Verification of having taken and passed:¶

(1) A fire safety training.¶

(2) The English Competency Test within the past 12 months.¶

(3) The currently approved basic training.¶

(4) An ACHP qualifying test.¶

(5) An approved food handler's training.¶

(6) An approved mandatory reporter training.¶

(c) Proof of attending an ACHP Orientation within the past 12 months.¶

(d) Effective January 1, 2025, evidence that the Operator applicant and all ACH staff members have taken a state approved LGBTQIA2S+ Protections and HIV Care training.¶

(e) APD applicants: Evidence that the Operator applicant and all providers have taken a state approved HCBS training.¶

(f) Background Check approvals for each subject individual as that term is defined by MCAR 023-070-415. For any subject individual for whom an applicant does not possess an approval letter, a Background Check Request form shall be submitted to the ACHP.¶

(g) A statement from a physician, physician assistant, or nurse practitioner on the ACHP approved form indicating the applicant is physically, cognitively, and emotionally capable of providing residential care.¶

(h) A current CPR and First Aid certificate for the Operator and, if applicable, Resident Manager.¶

(i) A completed Operator's projected monthly budget, including projected payroll expense totals, and evidence of liquid financial resources as defined in MCAR 023-020-105(6574) and equal to two months' operating expenses that have been held for at least 3 months. Evidence of financial resources must include:¶

(1) The ACHP's approved Verification of Financial Resources form, completed and stamped or notarized by the applicant's financial institution; or¶

(2) Documentation on letterhead of the applicant's financial institution, which includes: the last four digits of the applicant's account number; the name of the account holder and, if the account is not in the applicant's name, verification that the applicant has access to the account's funds; the highest and lowest balances for each of the most recent three full months; and the number of any non-sufficient fund payments in each of the last three full months; or¶

(3) Demonstration of cash on hand equal to a minimum of two months of operating expenses.¶

(j) A full credit report including three scores, issued within 30 calendar days of the application submission date.¶

(k) Evidence of ownership of the home, or a copy of the rental or lease agreement signed by both the owner or landlord and the applicant. In addition, there must be verification that the rent is a flat rate and that the lessor is aware that the home will be used as an adult care home.¶

(l) Floor plans of the home showing the location and size of all rooms, including which rooms are to be resident bedrooms and which are to be provider, day care, or room and board tenant

bedrooms; doors and windows; wheelchair ramps; smoke detectors, and carbon monoxide alarms; fire extinguishers; designated smoking areas; and the locations of exits, planned evacuation routes, and the initial and final points of safety.¶

(~~k~~m) Housing and electrical inspection approval forms where applicable.¶

(~~h~~n) A daily operation plan covering staff qualifications and how the home shall be supervised and monitored, including the name of at least one approved caregiver or Resident Manager who can provide staffing relief. The operation plan shall include:¶

(1) A written staffing plan that shows 24-hour coverage and demonstrates that all providers have adequate time off from their employment.¶

(2) An ACH Back-Up Operator Agreement identifying the name of a back-up Multnomah County-approved Operator or Resident Manager who does not live in the home, and who has the same or higher license classification, and who has agreed to oversee the home in case of emergencies, signed by both the applicant and the back-up Operator.¶

(3) A plan of coverage that specifies whether the Operator applicant intends to live or work outside the home, how the Operator intends to staff the home if not living in the home or is working more than 30 hours per week outside the home, and how the Operator intends to supervise and monitor the home.¶

(4) If the Operator uses a Resident Manager, a written plan of coverage for Resident Manager absences must be submitted.¶

(~~m~~o) Caregiver and, if applicable, completed Resident Manager or Shift Manager applications. See MCAR 023-070-500.¶

(~~n~~p) Three references from individuals who can speak to the applicant's professional skills and who have knowledge of the applicant's experience in providing residential care. References cannot be relatives of the applicant or current residents where the applicant works. Once submitted, these references will be kept confidential.¶

(~~e~~g) Complete contact information for the applicant, including a mailing address if different from the adult care home and an email address.¶

(~~r~~) A copy of the home's proposed Residency Agreement(s). See MCAR 023-060-100.¶

(~~s~~) A copy of the home's Nondiscrimination Policy that includes:¶

“(Name of care facility) does not discriminate and does not permit discrimination, including but not limited to bullying, abuse or harassment, based on an individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status, or based on an individual's association with another individual on account of the other individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status. If you believe you have experienced this kind of discrimination, you may file a complaint with the Adult Care Home Program at achpcomplaint@multco.us.”¶

(~~e~~t) License application fees.¶

AMEND:023-040-515

RULE SUMMARY: This change lists required HCBS training and LGBTQIA2S+ protections and HIV Care training for Limited License operators and applicants, corrects a typo, updates an MCAR reference, and updates division abbreviation.

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-040-500 LIMITED LICENSE HOMES

040-515 To qualify for a Limited License, an applicant must:¶

- (a) Obtain ACHP approval for all subject individuals following a background check (see MCAR 023-070-400).¶
- (b) Be at least 21 years of age.¶
- (c) Obtain current CPR and First Aid certification.¶
- (d) Complete and pass the ACHP-Record Keeping “Part B” Training.¶
- (e) Attend an ACHP Orientation.¶
- (f) Submit a completed application with required fees.¶
- (g) Submit written verification of an established relationship with the proposed resident.¶
- (h) Submit a statement from a physician, physician assistant, or nurse practitioner on the ACHP-approved form indicating the applicant is physically, cognitively, and emotionally capable of providing residential care.¶
- (i) Demonstrate a clear understanding of the resident’s care needs and develop a person-centered service plan or ISP (see 023-080-400).¶
- (j) Complete the caregiver workbook if the proposed resident’s funding is through ADVS or, if the proposed resident’s funding is through DDSD or [MHASDBHD](#), study the appropriate Basic Training and pass the appropriate qualifying test.¶
- (k) Acquire any additional training deemed necessary by the ACHP to provide adequate care for the resident (see MCAR 023-070-640).¶
- (l) Submit verification of having taken and passed a fire safety training.¶
- (m) Submit the name of a qualified back-up caregiver (see MCAR 023-040-320([ln](#))).¶
- (n) Have no founded reports of child abuse or a substantiated abuse allegation.¶
- (o) If transporting the resident in a personal vehicle, have a current license to drive in compliance with the laws of the Department of Motor Vehicles and vehicle insurance as required by the state of Oregon.¶
- (p) Be able to respond to emergency situations at all times.¶
- (q) Take the English Competency Test to demonstrate their ability to understand written and oral instructions in English, and communicate in oral and written English with residents, health care professionals, case managers, ACHP staff, and appropriate individuals.¶
- (r) Submit verification of having completed a state approved LGBTQIA2S+ Protections and HIV Care training.¶
- (s) APD only: Submit verification of having completed a State approved HCBS training.¶

AMEND:023-040-618

RULE SUMMARY: This change adds evidence of required HCBS training and LGBTQIA2S+ protections and HIV Care training to the list of license renewal application materials.

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-040-600 LICENSE RENEWAL

040-618 A completed license renewal application packet shall include:¶

- (a) A complete and accurate ACHP renewal application signed and dated by the Operator.¶
- (b) Verification of having taken required annual continuing education training credits. [See MCAR 023-070-610], including:¶
 - (1) Effective January 1, 2025, evidence that the Operator applicant and all ACH staff members have taken a state approved LGBTQIA2S+ Protections and HIV Care training within the past two years, and¶
 - (2) For APD-licensed renewal applicants or renewal applicants who serve APD residents: Evidence that the Operator applicant and all providers have taken a state approved HCBS training within the past year.¶
- (c) Background Check approvals for each subject individual as that term is defined by MCAR 023-070-415. For any subject individual for whom an applicant does not possess an approval letter, a Background Check Request form shall be submitted to the ACHP.¶
- (d) A current CPR and First Aid certificate for the Operator and, if applicable, the Resident Manager.¶
- (e) A written staffing plan that shows 24 hour coverage and demonstrates that all providers have adequate time off from their employment.¶
- (f) An ACH Back-Up Operator Agreement identifying the name of a back-up Multnomah County-approved Operator or Resident Manager who does not live in the home and who has the same or higher license classification and who has agreed to oversee the home in case of emergencies signed by both the applicant and the back-up Operator.¶
- (g) A completed and signed Medicaid Provider Enrollment Agreement, if applicable.¶
- (h) A completed fee determination form and the appropriate license application fees.¶
- (i) Any other applicable supplemental forms.¶
- (j) At the first renewal only, a completed Operator's projected monthly budget including projected payroll expense totals, and evidence of liquid financial resources, see definition in MCAR 023-020-105(6574), equal to two months' operating expenses that have been held for at least 3 months. Evidence of financial resources must include:¶
 - (1) The ACHP's approved Verification of Financial Resources form completed and stamped or notarized by the applicant's financial institution; or¶
 - (2) Documentation on letterhead of the applicant's financial institution, which includes: the last four digits of the applicant's account number; the name of the account holder and, if the account is not in the applicant's name, verification the applicant has access to the account's funds; the highest and lowest balances for each of the most recent three full months; and the number of any non-sufficient fund (NSF) payments in each of the last three full months, if any; or¶
 - (3) Demonstration of cash on hand equal to a minimum of two months of operating expenses.¶
- (k) Every other year, a statement from a physician, physician assistant, or nurse practitioner on the ACHP approved form indicating the applicant is physically, cognitively, and emotionally capable of providing residential care.¶

AMEND: 023-040-640

RULE SUMMARY: This change updates MCAR reference in (a)(1)

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-040-600 LICENSE RENEWAL

040-640 The ACHP shall not renew a license unless:¶

(a) The ACHP has received a complete renewal application packet from the Operator, which includes:¶

(1) For the first renewal, verification of liquid financial resources sufficient to pay the home's operating costs for at least two months at the home's first renewal. [See MCAR 023-040-320(gi)]¶

(2) A statement on the ACHP form completed by a physician, a physician assistant, or a nurse practitioner every two years regarding the applicant's physical and mental ability to provide care. This may be required sooner if there is reasonable cause for health concerns. [See MCAR 023-070-100]¶

(b) The home meets the requirements set forth in the Fair Housing Act¶

(c) The home meets Home and Community-Based Services and Settings and Person-Centered Service Plans (see OAR chapter 411, division 4).¶

(d) The ACHP has completed an inspection of the adult care home.¶

(e) The home, Operator, Resident Manager, Shift Managers, and caregivers are in compliance with the MCAR.¶

(f) The ACHP has an approved background check on all subject individuals.¶

(g) All appropriate application fees have been paid. In addition, all fines, penalties, and fees shall be paid unless there is a hearing pending regarding the fine or penalty.¶

(h) The ACHP has checked the record of sanctions available from its files and verified that the applicant currently operates, or has operated, any other facility licensed by the applicant in substantial compliance with ORS 443.705 to 443.825 and these rules, including any applicable conditions and other final orders of the DHS or the ACHP.¶

(i) The ACHP has determined that the nursing assistant registry maintained under 42 CFR 483.156 contains no finding that the applicant or any nursing assistant employed by the applicant has been responsible for abuse.¶

(j) The ACHP has verified that the applicant is not listed on either of the Exclusion Lists.¶

(k) The applicant has demonstrated to the ACHP the financial ability and resources necessary to operate the adult care home.¶

AMEND: 023-040-805

RULE SUMMARY: This change updates an MCAR reference.

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-040-800 PROVISIONAL LICENSE

040-805 Notwithstanding any other provision in the MCAR, the ACHP may issue a provisional license for up to 60 calendar days to a qualified person if the ACHP determines that it is in the best interests of the residents currently residing in the home and that an emergency situation exists after being notified that the licensed Operator is no longer overseeing operation of the adult care home. A person would be considered qualified if they are 21 years old and meet the requirements of a caregiver as defined by MCAR 023-020-105(4518).¶

AMEND:023-041-415

RULE SUMMARY: Updated MCAR reference

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS

023-041-400 ROOM AND BOARD HOMES

041-415 All residents in a Room and Board Home must be capable of self-preservation [See MCAR 023-020-105(~~403~~121)].¶

AMEND:023-050-100, adding 023-050-114

RULE SUMMARY: Adds exception guidelines for LGBTQIA2S+ and HIV care requirements.

CHANGES TO RULE:

PART V - EXCEPTIONS

023 050 100 APPLICATIONS FOR EXCEPTIONS TO THE ADULT CARE HOME RULES

050-114 Requirements in this rule that are also outlined in ORS 441.111 through 441.119 and 441.993 may be eligible for an exception. In order to be considered for an exception:¶

(a) The requirement must be incompatible with one of the following:¶

(1) The professionally reasonable clinical judgement of an individual's licensed health care professional; or¶

(2) A state or federal statute or regulation that applies to the ACH.¶

(b) Exception(s) proposed must not violate a resident's rights as described within MCAR 023 030 100, and¶

(c) An operator must provide adequate documentation, as determined by the ACHP, demonstrating the above and justifying the need for any exception(s) requested.¶

AMEND:023-070-600, adding 023-070-636, 023-070-637, and 023-070-638

RULE SUMMARY: These changes require initial LGBTQIA2S+ protection and HIV care training for all ACH staff members and operators by December 31, 2024; require LGBTQIA2S+ protection and HIV care pre-service, and biennial training of all ACH staff members, operators, and contractors starting January 1, 2025; require and requires pre-service and annual Home and Community-Based Services (HCBS) training.

CHANGES TO RULE:

PART VII - STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS

023-070-600 TRAINING

070-636 All Operators, Resident Managers, Shift Managers, and Caregivers, other ACH staff members, and contracted staff as described within MCAR 023-070-637, must complete an Oregon State-approved LGBTQIA2S+ protections and human immunodeficiency virus (HIV) care training as mandated by ORS 441.111 to 441.122.¶

(a) Effective December 31, 2024, all Operators and ACH staff members must have completed the required training.¶

(b) All Operators licensed on or after January 1, 2025 must have completed the required training as part of the application process, and¶

(c) ACH staff hired on or after January 1, 2025 must complete the required training prior to beginning job responsibilities.¶

(d) Following the initial training described above, all Operators, Resident Managers, Shift Managers, Caregivers, and other ACH staff members are required to complete the training biennially (once every two years) as described within MCAR 023-070-638 below.¶

(e) The Oregon State-approved training shall address the elements described in MCAR 023-070-638 below.¶

070-637 Contractors who provide services or supports directly to residents must complete the LGBTQIA2S+ protections and HIV care trainings outlined in MCAR 023-070-638.¶

(a) Contractors who must be trained include, but are not limited to, RN consultants and administrative consultants, housekeeping services, dietary services, beauticians, barbers, or other contractors who provide services or supports directly to residents.¶

(b) Exempt from this training requirement are contractors who contract directly with the resident or the resident's representative, and contractors who do not generally provide services or supports directly to residents, including but not limited to, contractors for landscaping, pest control, deliveries and building repairs.¶

(c) By December 31, 2024, operators shall ensure that all contracts entered into with entities described in paragraph (a) of this section shall include language requiring contractors provide Oregon State-approved LGBTQIA2S+ protections and HIV care training to their employees within 12 months of entering into the contract with the operator, the ACH, and/or business representing the ACH, and every two years thereafter..¶

(d) For existing contracts in effect January 1, 2025, operators shall require the contractor provide Oregon State-approved LGBTQIA2S+ protections and HIV care training to employees by December 31, 2025, and every two years thereafter.¶

(e) For new contracts created after January 1, 2025, operators shall require contractors provide Oregon State-approved LGBTQIA2S+ protections and HIV care training to employees within 12 months of entering into the contract with the ACH, and every two years thereafter.¶

(f) Operators must inform contractors that the cost of all LGBTQIA2S+ protections and HIV care trainings for contracted employees shall be paid by the contractor.¶

070-638 **TRAINING CONTENT REQUIREMENTS.** All Operators, Resident Managers, Shift Managers, and Caregivers, other ACH staff members and contracted staff are required to complete initial/preservice and biennial (every other year) training addressing LGBTQIA2S+ protections and HIV care, as described in this section. Operators are responsible for the cost of providing this training to all ACH staff. The cost of all LGBTQIA2S+ trainings for contracted employees shall be paid by the contractor.¶

(a) Each ACH must designate two employees, as reasonable, one to represent management and one to represent direct care staff by July 1, 2024. The individual designated to represent management shall serve as a point of contact for the ACH regarding compliance with preservice training and biennial training. This person shall develop a general training plan for the ACH. For operators that are also the primary caregiver in the home, only one staff person will be required to be designated.¶

(b) The operator must select the LGBTQIA2S+ protections and HIV care training to be used by the ACH by either:¶

(1) Choosing to use the standard Oregon State-approved biennial LGBTQIA2S+ protections and HIV care training; or¶

(2) Applying to Oregon State to request approval of a biennial LGBTQIA2S+ protections and HIV care training to be developed and provided by the operator.¶

(c) ORS 441.116 requires all LGBTQIA2S+ protections and HIV care trainings address:¶

(1) Caring for LGBTQIA2S+ residents and for residents living with HIV; and¶

(2) Preventing discrimination based on a resident's sexual orientation, gender identity, gender expression, or HIV status.¶

(3) The defined terms commonly associated with LGBTQIA2S+ individuals and HIV status.¶

(4) Best practices for communicating with or about residents living with HIV and LGBTQIA2S+ residents, including the use of an individual's chosen name and pronouns.¶

(5) A description of the health and social challenges historically experienced by LGBTQIA2S+ residents and by residents living with HIV, including discrimination when seeking or receiving care at care facilities and the demonstrated physical and mental health effects within the LGBTQIA2S+ and community associated with such discrimination.¶

(6) Strategies to create a safe and affirming environment for LGBTQIA2S+ residents and residents living with HIV, including suggested changes to care facility policies and procedures, forms, signage, communication between residents and their families, activities, in-house services and staff training.¶

(7) The individual or entity providing the training must demonstrate a commitment to advancing quality care for LGBTQIA2S+ residents and for residents living with HIV in this state.¶

(d) If the operator chooses to apply to Oregon State to request training approval, the proposal for training submitted by an operator must comply with the requirements described within OAR 411-049-0125 (11).¶

070-639 HOME AND COMMUNITY-BASED SERVICES (HCBS) TRAINING. For all APD licensed homes and ACHP licensed homes serving APD residents: All Operators and ACH staff members are required to complete an Oregon State-approved HCBS initial training and annual training thereafter.¶

(a) Effective March 31, 2024, all Operators and ACH staff members must have completed the required initial training.¶

(b) All Operators licensed on or after April 1, 2024 must have completed the required initial training as part of the application process, and ¶

(c) ACH staff hired on or after April 1, 2024, must complete the required initial training prior to beginning job responsibilities.¶

(d) Effective April 1, 2025, all Operators and ACH staff members are required to complete an Oregon State-approved HCBS training annually.¶

AMEND: 023-080-155

RULE SUMMARY: Updated MCAR reference in (a)

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-100 GENERAL CRITERIA

080-155 Operators may be asked to manage or handle a resident's money. If the Operator agrees to manage or handle a resident's money, the Operator shall ensure the following:¶

- (a) The money shall be maintained in a separate account in the resident's name and the Operator shall keep a record of funds received and spent as directed by or on behalf of the resident. [See MCAR 023-090-220([lm](#))]¶
- (b) Under no circumstances will the Operator commingle, borrow from, loan to, or pledge any funds of a resident.¶
- (c) Personal Incidental Funds (PIF) for Medicaid consumers are used only at the discretion of the consumer for personal items including, but not limited to, clothing, tobacco, and snacks (not part of daily diet).¶
- (d) Operators and any other providers shall not influence, solicit from, or suggest to any resident that they or their family give the Operator or other providers, or the Operator's or provider's family, money or property for any purpose.¶
- (e) The Operator and any provider or the Operator's family and any provider's family shall not accept gifts, including an inheritance or loans from the resident or the resident's family, and shall not assist, arrange, or coerce a resident into adding them as a beneficiary of a current resident's will or life insurance policy.¶
- (f) The Operator shall reimburse the resident any funds that are missing due to mismanagement or theft as a result of mismanagement on the part of the Operator or any provider in the home, or for any funds within the custody of the Operator that are missing. Such reimbursement must be made within ten business days of verifying that funds are missing.¶

AMEND: 023-080-320

RULE SUMMARY: These changes require that a provider inform prospective residents about the home's non-discrimination policy prior to admission.

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-300 ADMISSION TO THE ADULT CARE HOME

080-320 Prior to admission, the Operator shall review the Residents' Bill of Rights, [the home's Nondiscrimination Policy](#), and the home's current and approved Residency Agreement with the prospective resident, the prospective resident's representative or family, as appropriate. The discussion shall be documented by having the prospective resident sign the Residency Agreement, [the Nondiscrimination Policy](#), and the Residents' Bill of Rights. These signed documents shall be filed according to MCAR 023-090-220 [and a copy of each must be given to the prospective resident and/or resident representative.](#)¶

AMEND: 023-080-505

RULE SUMMARY: These changes allow for the administration of opioid antagonist medication without a prescription.

CHANGES TO RULE:

PART VIII - BASIC CARE¶

023-080-500 ADMINISTRATION OF MEDICATIONS, TREATMENTS, AND THERAPIES

080-505 No medications, treatments, procedures, therapies, or adaptive equipment shall be administered to a resident without a signed order from a prescribing licensed health care professional. This includes over-the-counter and home remedies, except as otherwise permitted under MCAR 023-080-576.¶

AMEND: 023-080-575

RULE SUMMARY: These changes allow for a stock supply of opioid antagonist medication to be kept at the home.

CHANGES TO RULE:

PART VIII - BASIC CARE¶

023-080-500 ADMINISTRATION OF MEDICATIONS, TREATMENTS, AND THERAPIES

080-575 Except as otherwise permitted under MCAR 023-080-576, each resident's medication container shall be:¶

- (a) Clearly labeled with the pharmacist's label or be in the original, labeled container or bubble pack.¶
- (b) Be kept in a locked, central location, separate from that of the Operator, providers, all other occupants, laundry facilities, and cleaning supplies or other chemicals. Medications shall be stored as indicated by the product manufacturer and medications requiring refrigeration shall be locked and stored separately from non-resident medications.¶
- (c) Medications must remain in their original packaging and shall not be mixed together or stored in another container prior to administration¶
- (d) Residents shall not have access to any medications in the home unless they have an order to self-medicate. In addition, non-providers shall not have access to the resident medications.¶
- (e) Stock bottles are not permitted. Over-the-counter medications belonging to a resident must be clearly marked with the resident's name.¶

AMEND:023-080-500, adding 023-080-576 and 023-080-577

RULE SUMMARY: These additions require a stock supply of opioid overdose kits to be maintained at the home as well as outline kit contents, kit storage, and documentation requirements for when these kits are used.

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-500 ADMINISTRATION OF MEDICATIONS, TREATMENTS, AND THERAPIES

080-576 Adult care homes in Multnomah County licensed to serve residents whose placements and services are authorized by the Behavioral Health Division (BHD) must ensure at least one unexpired opioid overdose kit for emergency response to suspected overdose is available in the home at all times. Opioid overdose kits do not require a prescription and are not specific to an individual (see ORS 689.684).¶

- (a) All opioid overdose kits must include an ultraviolet light-protected hard case and must contain, but not be limited to:
- (1) Two doses of an FDA-approved short-acting, non-injectable, opioid antagonist medication;
 - (2) One pair non-latex gloves;
 - (3) One face mask;
 - (4) One disposable face shield for rescue breathing; and
 - (5) One short-acting, non-injectable, opioid antagonist medication administration instruction card.
- (b) Opioid overdose kits must be installed:
- (1) Installed in an easily accessible, highly visible, and unlocked location;
 - (2) At a height of no more than 48 inches from the floor;
 - (3) In a location without direct sunlight;
 - (4) In an area where temperatures are maintained between 59°F and 77°F; and
 - (5) And must have a sign clearly indicating the location and content of the kit.
- (c) Short-acting, non-injectable, opioid antagonist medication not within installed opioid overdose kits must be stored in a locked cabinet with other resident medications.
- (d) Opioid overdose kits must be maintained as follows:
- (1) Checked daily to ensure the required components have not been removed or damaged;
 - (2) Checked monthly to ensure the short-acting, non-injectable, opioid antagonist medication has not expired; and
 - (3) Restocked immediately after use.
 - (4) Daily and monthly checks must be documented. Documentation must be stored in the ACH business record and must be retained for a minimum of three years.
- (e) Upon recognizing a person is likely experiencing an overdose, program staff must immediately respond based on the medical emergency procedures of the facility.
- (f) A person who has reasonable cause to believe an individual is experiencing an overdose, and in good faith administers short-acting, non-injectable, opioid antagonist medication, is protected against civil liability or criminal prosecution unless the person, while rendering care, acts with gross negligence, willful misconduct, or intentional wrongdoing as described in Oregon Revised Statute (ORS) 689.681.
- (g) Administration of short-acting, non-injectable, opioid antagonist medication must be documented by the ACH staff member who administered the medication. Documentation must be submitted to the Oregon Health Authority within 48 hours of the incident and must include:
- (1) Name of the individual;
 - (2) Description of the incident including date, time, and location;
 - (3) Time 9-1-1 contacted;
 - (4) Time of administration(s) of short-acting, non-injectable, opioid antagonist medication;
 - (5) Individual's response;
 - (6) Transfer of care to EMS; and
 - (7) Signature of ACH staff member.
 - (8) ACH staff members must fully cooperate with emergency medical service (EMS) personnel, and must not interfere with or impede the administration of emergency medical services.
- 080-577** Opioid overdose medication and kits which are the personal property of a resident, do not need to be kept in a locked location or maintained as described under MCAR 023-080-576.

AMEND:023-080-608

RULE SUMMARY: Updated MCAR reference

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-600 NURSING CARE TASKS

080-608 A registered nurse consultation shall be obtained prior to admitting a new resident when nursing care needs are identified during the screening process; when a nursing care task [see MCAR 023-020-105(7383)] has been ordered by a physician or other prescribing licensed health care professional; or when a change in a resident's condition results in a health concern or behavioral symptom that may benefit from a nursing assessment.¶¶

AMEND: 023-080-710

RULE SUMMARY: Updated MCAR reference

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-700 RESTRAINTS

080-710 Except in an emergency situation, as described in MCAR 023-020-105(1)(i), restraints may be used only after consideration of all other alternatives. The Operator shall document the consideration and trial of all other alternatives in the resident's records. Restraints shall be used only when required to treat a resident's medical or behavioral symptoms or to maximize a resident's physical functioning. If it is determined, following the assessment and trial of other measures that a restraint is necessary, then the least restrictive restraint shall be used as infrequently as possible as determined by the assessment. All physical restraints must allow for quick release at all times.¶¶

AMEND: 023-080-775

RULE SUMMARY: Updated MCAR reference, updates division name, and updated classification name.

CHANGES TO RULE:

PART VIII - BASIC CARE

023-080-700 RESTRAINTS

080-775 Physical Restraints are not allowed in [MHABH](#) homes. Operators and other providers will not employ physical restraints for individuals receiving personal care services authorized or funded through [the Behavioral Health Division](#) ~~Mental Health and Addiction Services~~. [See MCAR 023-130-~~435~~540]¶¶

AMEND:023-090-215

RULE SUMMARY: These additions clarify disclosure regulations, adding protections related to a resident's sexual orientation, identification as part of the LGBTQIA2S+ community, gender transition status, and human immunodeficiency virus (HIV) status.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-200 RESIDENT RECORDS

090-215 Operators must put in place safeguards to protect resident health information and ensure protected health information (PHI) is not used or disclosed improperly. Operators must reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose. Operators must have procedures in place to limit who can view and access resident's health information as well as implement training programs for their employees about how to protect health information. This includes that all resident information shared electronically is done so via secure email, additionally:

(a) Unless required or allowed by state or federal law, a provider shall not disclose any personally identifiable information regarding:

(1) A resident's sexual orientation.

(2) Whether a resident is LGBTQIA2S+.

(3) A resident's gender transition status.

(4) A resident's human immunodeficiency virus status.

(b) A provider must take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of information described in subsection (a) of this section to other residents, visitors, or staff, except to the minimum extent necessary for staff to perform their duties. Appropriate steps may include policies and procedures, training, or other documented actions or plans that address record disclosure by the provider and staff. The provider must notify the individual or individual's legal guardian or representative if an unauthorized disclosure of information occurs.

AMEND:023-090-200, adding 023-090-218

RULE SUMMARY: This addition amends required content of the Resident Record to include resident's legal and chosen names, pronouns used, and gender identity.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-200 RESIDENT RECORDS

090-218 A resident's record must, before move-in and when updated, include the following information:

(a) Legal name for billing purposes.

(b) To promote person-centered care, any difference from legal records, as indicated by the individual, concerning:

(1) Chosen name.

(2) Pronouns.

(3) Gender identity.

AMEND:023-090-220

RULE SUMMARY: This addition amends required content of the Resident Record to include a signed copy of the home's Nondiscrimination Policy and updates division name.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-200 RESIDENT RECORDS

090-220 The resident records shall contain the following information:¶

- (a) A Resident Screening form. [See MCAR 023-080-220]¶
- (b) A Resident Information form. [See MCAR 023-080-305]¶
- (c) A Long Term Care Assessment form for privately paying residents. [See MCAR 023-080-225]¶
- (d) Medical information, including:¶
 - (1) Medical history, including any known allergies, the resident's history of hospitalizations, accidents and injuries accompanied by relevant incident reports, and a description of any physical, emotional, or mental health conditions. [See MCAR 023-080-313]¶
 - (2) Current written and signed prescribing licensed health care professional orders for all medications. [See MCAR 023-080- 310]¶
 - (3) Any special diets or care instructions prescribed by a licensed health care professional, including special therapies treatments, orders for the use of restraints or adaptive equipment, or delegations. [See MCAR 023-080-515]¶
 - (4) Guardianship or Conservatorship letters, an Advance Directive for Health Care, Physician's Order for Life Sustaining Treatments (POLST) and Do Not Resuscitate (DNR) forms, and/or a Power of Attorney for Health Care, if applicable. [See MCAR 023-080-315]¶
- (e) Medication administration records. [See MCAR 023-080-594]¶
- (f) A complete, accurate, and current care plan (see MCAR 023-110-405 and 023-110-425) or ISP (see MCAR 023-120-425) and documentation of any limitations, as described in MCAR 023-080- 425, and data to support or eliminate an individually-based limitation.¶
- (g) Copies of the current Residents' Bill of Rights signed by the resident and/or the resident's representative or family member, as appropriate. [See MCAR 023-080-320]¶
- (h) Copies of the home's Nondiscrimination Policy signed by the resident and/or the resident's representative or family member, as appropriate. [See MCAR 023-080-320]¶
- (h) Copies of the ACHP-approved incident report form that document all significant incidents relating to the health or safety of a resident. The original shall be placed in the resident's record and a copy of the incident report will be submitted to ADVSD, DDSD, or MHASDBHD within five working days of the incident.¶
- (i) Narrative entries describing the resident's progress documented in ink at least once a week, dated and signed by the person writing them. If typed, each computerized progress note entry shall be immediately printed out and signed by the person who wrote the entry.¶
- (j) A signed and dated copy of the Residency Agreement. If the Residency Agreements are kept in a separate file, current copies of the Residency Agreement for each resident shall be kept together and must be made available for inspections. [See MCAR 023-060- 100]¶
- (k) An up-to-date list of the resident's personal belongings kept in the home. [See MCAR

023-080-325]¶¶

(**lm**) If the Operator has been authorized by a resident or resident's representative to handle a resident's money, then there shall be a dated personal account record that includes the date, amount, and source of income received; the date, amount, and purpose of funds dispersed; the signature of the person who made the expenditure and receipts retained for purchases over \$5.00 for ADVSD or privately paying residents and \$10.00 for DDSD and **MHASDBHD** residents. Each record shall include the disposition of the room and board fee the resident pays to the Operator monthly. Receipts shall not be required for purchases made by the resident themselves. [See MCAR 023-080- 155] Resident financial records, per MCAR 023-090-225 shall be kept on file in the adult care home for seven years.¶¶

(**mn**) Any other information or correspondence about the resident.¶¶

AMEND:023-090-405

RULE SUMMARY: These additions require posting of the required LGBTQIA2S+ & HIV non-discrimination policy and update division name.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-400 POSTINGS

090-405 Operators shall post copies of the following in a prominent and centralized place where residents and others can easily see them:¶¶

(a) A current adult care home license, including a statement of conditions, if applicable.¶¶

(b) The Residents' Bill of Rights and LGBTQIA2S+ and HIV Status Protections.¶¶

(c) A copy of the home Nondiscrimination Policy that includes:¶¶

“(Name of care facility) does not discriminate and does not permit discrimination, including but not limited to bullying, abuse or harassment, based on an individual’s actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status, or based on an individual’s association with another individual on account of the other individual’s actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status. If you believe you have experienced this kind of discrimination, you may file a complaint with the the you may file a complaint with the Adult Care Home Program at achpcomplaint@multco.us.”¶¶

(**ed**) Current blank copy of the Residency Agreement that has been reviewed and approved by the ACHP.¶¶

(**de**) The home's floor plan with emergency evacuation map.¶¶

(**ef**) The Inspection Report for the most recent annual inspection by the ACHP.¶¶

(**fg**) The home’s range of monthly rates for private pay residents.¶¶

(**gh**) An Ombudsman poster.¶¶

(**hi**) A Fair Housing Act poster that includes the procedure for making complaints and grievances, including abuse complaints, and the contact numbers for:¶¶

(1) Protective services for ADVSD, DDSD, and **MHASDBHD**.¶¶

(2) The ACHP.¶¶

(3) The ADVSD Helpline, the **MHASDBHD** Crisis Line, or, for DDSD homes, Disability Rights

Oregon.¶

(4) The Ombudsman for ADVSD, DDS, or ~~MHASD~~BHD.¶

(i) Current weekly menus. [See MCAR 023-080-835]¶

(j) A current and accurate staffing plan listing the names of all caregivers who will be in the home providing care, including the name of the Operator, Resident Manager, or Shift Managers, as appropriate.¶

(k) The DHS Monitoring Device Notice, if monitoring devices are used in the home.¶

AMEND:023-090-455

RULE SUMMARY: These additions require documentation in the ACH Business records of the required Home and Community-Based Services and LGBTQIA2S+ protections and HIV care training.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-450 ADULT CARE HOME BUSINESS RECORDS

090-455 Adult care home business records must be maintained and available for inspection in the adult care home. Business records include but are not limited to:¶

(a) Proof of a current background check approval for all persons as required in MCAR 023-070-400.¶

(b) Proof that the Operator and all other providers have met and maintained the minimum qualifications as required in MCAR 023-070-600. The following documentation must be available for review upon request:¶

(1) Employment applications and the names, addresses, and telephone numbers of caregivers employed by or used by the Operator.¶

(2) Completed certificates to document caregivers' completion of the Caregiver Preparatory Training Study Guide and Workbook or certificate verifying caregiver completion of an ACHP-approved basic training course.¶

(3) Documentation of all providers' orientation to the adult care home with completion of Provider Checklist form.¶

(4) Proof of required continuing education hours.¶

(5) Verification that all caregivers are not listed on either of the Exclusion Lists.¶

(6) Documentation verifying that all Operators and ACH staff members have completed LGBTQIA2S+ protection and HIV care training as required in MCAR 023-070-600.¶

(i) For all Operators and ACH staff members licensed or hired on or before December 31, 2024, documentation of initial LGBTQIA2S+ protection and HIV care training completed on or before December 31, 2024.¶

(ii) For all Operators and ACH staff members licensed or hired on or after January 1, 2025, documentation of initial LGBTQIA2S+ protection and HIV care training completed prior to beginning job duties.¶

(iii) Documentation of ongoing biennial LGBTQIA2S+ protection and HIV care training for all Operators and providers.¶

(7) For all APD licensed homes and ACHP licensed homes serving APD residents: Verification that all caregivers have completed Home and Community-Based Services (HCBS) training as

required in MCAR 023-070-600. Documentation must address:

(i) Initial HCBS training prior to beginning job duties.

(ii) Annual HCBS training.

(c) Copies of notices sent to the ACHP pertaining to changes in the Resident Manager, Shift Managers (if applicable), or other primary caregiver.

(d) Copies of archived staffing plans. [See MCAR 023-070-818]

(e) Proof of rabies or other vaccinations given by a licensed veterinarian and required by local law for all pets and service animals on the premises.

(f) If required, well water tests. [See MCAR 023-100-205]

(g) A copy of the home's Residency Agreement(s) and, if applicable, specialized contracts with DHS and rental agreements with room and board tenants or day care residents.

(h) Evacuation drill records. [See MCAR 023-100-813].

(i) Smoke alarm and carbon monoxide testing records. [See MCAR 023-100-718]

AMEND:023-090-600, adding 023-090-650

RULE SUMMARY: These changes include requirements for opioid antagonist medications to be provided to residents at discharge.

CHANGES TO RULE:

PART IX - STANDARDS FOR OPERATION

023-090-600 VOLUNTARY AND INVOLUNTARY RESIDENT MOVES

090-650 Upon resident transfer, discharge, or voluntary or involuntary move from the home, ACH staff must offer two doses of an FDA-approved short-acting, non-injectable, opioid antagonist medication to the departing resident. If the resident accepts, ACH staff must:

(a) Provide the resident, and their representative when applicable, with an instruction card on the use of short-acting, non-injectable, opioid antagonist medication; and

(b) Document distribution of the short-acting, non-injectable, opioid antagonist medication via progress note in the resident's record.

AMEND: 023-100-440

RULE SUMMARY: Updated MCAR reference.

CHANGES TO RULE:

PART X - STANDARDS FOR ADULT CARE HOMES

023-100-400 BEDROOMS

100-440 Homes with resident bedroom exterior window sill heights exceeding 72 inches from the ground must have an exterior safe secondary exit to the ground that accesses stairs or a ramp to the ground level that meets all local and ADA requirements. The safe secondary exit shall have a landing that is at least 36 inches by 36 inches and that is no more than 44 inches below the exterior window sill. [See MCAR 023-020-105(~~404~~119) and 023-100-832]

AMEND: 023-110-425

RULE SUMMARY: These changes update service plan content requirements to include chosen name, legal name, pronouns, and gender identity.

CHANGES TO RULE:

PART XI – MULTNOMAH COUNTY ADULT CARE HOME RULES FOR AGING, DISABILITY AND VETERANS SERVICES DIVISION (ADVSD) HOMES

023-110-400 BASIC CARE (ADVSD)

110-425 The care plan shall be a written description of a resident's needs, preferences, and capabilities, including the type of care and services needed, when and who shall provide the care, how often care and services will be provided, and what assistance the resident requires for various tasks. Specific information in the care plan shall include information about the resident's:¶

(a) Ability to perform ADL.¶

(b) Need for special equipment.¶

(c) Communication needs (e.g., hearing or vision needs, sign language, non-English speaking).¶

(d) Night needs.¶

(e) Medical or physical health problems relevant to care and services.¶

(f) Cognitive, emotional, or physical disabilities or impairments relevant to care and services.¶

(g) Treatments, procedures, or therapies.¶

(h) Need for registered nurse consultation, teaching, or delegation.¶

(i) Need for behavioral interventions.¶

(j) Social, spiritual, and emotional needs including lifestyle preferences, activities, and natural supports involved.¶

(k) Emergency exit ability including assistance and equipment needed.¶

(l) Need for use of physical restraints or psychoactive medications.¶

(m) Dietary needs and preferences.¶

(n) Goals for maintaining and, if possible, improving or restoring the resident's level of functioning.¶

(o) Legal name, preferred or chosen name, pronouns used, and gender identity.¶

AMEND: 023-130-415

RULE SUMMARY: These changes update training requirements for Operators, Resident Managers, and caregivers serving Behavioral Health residents, and update division name.

CHANGES TO RULE:

PART XIII – MULTNOMAH COUNTY ADULT CARE HOME RULES FOR MENTAL HEALTH AND ADDICTIONS SERVICES DIVISION (MHASDBHD) HOMES

023-130-400 STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS (MHASDBHD)

130-415 Operators, Resident Managers, and caregivers are required to complete a minimum of 12 hours of training annually directly related to the care and services for persons with mental illness. The training for the Operator, Resident Manager, and caregiver of an adult care home will be documented in the Operator, Resident Manager, and caregiver's training records. Such

training will be in addition to any orientation, which is attended by applicants prior to licensing and will include but is not limited to:¶

- (a) Understanding and recognizing severe and persistent mental illness.¶
- (b) Mandatory abuse reporting.¶
- (c) Medication management, dispensing, and documentation.¶
- (d) Incident report writing.¶
- (e) Resident rights.¶
- (f) Adult care home emergency planning.¶
- (g) Fire safety.¶
- (h) Complaints and grievances.¶
- (i) Opioid overdose kits and administration of an FDA-approved short-acting, non-injectable, opioid antagonist medication.¶

AMEND: 023-140-210

RULE SUMMARY: This change corrects a typographical error and updates division name.

CHANGES TO RULE:

PART XIV – ABUSE, NEGLECT, AND EXPLOITATION; ABUSE REPORTING; AND COMPLAINTS, COMPLAINT INVESTIGATIONS, AND NOTIFICATION OF FINDINGS

023-140-200 ABUSE REPORTING

140-4225 Per ORS 430.755, any provider who retaliates against any person receiving services through DDSD or **MHASDBHD** because of a report of suspected abuse or neglect is liable in a private action to that person for actual damages and, in addition, is subject to a penalty up to \$1,000.00, notwithstanding any other remedy provided by law.¶

AMEND: 023-140-210

RULE SUMMARY: This change corrects a typographical error.

CHANGES TO RULE:

PART XIV – ABUSE, NEGLECT, AND EXPLOITATION; ABUSE REPORTING; AND COMPLAINTS, COMPLAINT INVESTIGATIONS, AND NOTIFICATION OF FINDINGS

023-140-200 ABUSE REPORTING

140-210 The Operator may not retaliate against any resident after the resident or someone acting on the resident’s behalf has filed a complaint in any manner including but not limited to:¶

- (a) Increasing or threatening to increase charges or rates.¶
- (b) Decreasing or threatening to decrease services.¶
- (c) Withholding rights or privileges.¶
- (d) Taking or threatening to take any action to coerce or compel the resident to leave the home.¶
- (e) Threatening to or actually harassing or abusing a resident in any manner.¶