

Aging, Disability, and Veterans Services Division

Disability Services Advisory Council (DSAC)

Thursday, November 20, 2025, 10:00 am – 12:00 pm

Five Oak Building, 209 SW 4th Ave, Portland, OR 97204

Pine Room, 1st floor

Zoom link: https://multco-us.zoom.us/j/94294725561?pwd=8ZEEiVfu9sCg74q4yUeayQEF5HVKl2.1

Meeting ID: 942 9472 5561 - Passcode: Sac.2025

Time	Agenda Item	Purpose	Lead
Attendees: Members	Barb. Rainish, Jesse Guardipee, Carolyn Snell, Caroline Underwood, T.J Anderson, Gail Skenandore		
ADVSD	Cheri Becerra, Sarah Feldman, Deric Anderson, Charmaine Kinney, Tatyana Gannotskiy		
Guests			
10:00	Meeting open for sign on		Deric/Cheri
10:00	Opening – Zoom review and access	sibility	Tatyana Gannotskiy
10:05	Land acknowledgment		Tatyana Gannotskiy
10:10	Introductions – Please share your name and pronouns Prompt : What is a new skill you are interested in learning?		Tatyana Gannotskiy
10:20	Meeting goals – Agenda review and call for public testimony at the end.		Tatyana Gannotskiy
10:20 (10 min)	 Request for feedback to char Wednesdays (instead of Thursdays (instead of Thursdays to Year and date from Thursdays to Year and date from Thursdays to Year and this is likely because Thursdays. The group usually items/changes like this. She year schedule. Tatyana said maybe we shound take effect. This is a moment decision making moment. T.J said CAB meetings are on make it difficult for him to at Carolyn asked if the board means. Barb. said sometimes they st 	to change the meeting time Wednesdays. se of the board meetings on takes a Doodle Poll for would like time to check her ald take a poll. cide when this change would for feedback and not a Wednesdays, and it might stend. seetings start at 9:30am.	Tatyana Gannotskiy

they run late. The meetings are weekly, and it makes sense that is why Commissioner Moyer and her staff cannot attend DSAC. Out of the options presented, Barb. would prefer the 3rd Wednesday of the month in the afternoon.

- Present DSAC members voted on the change*
 3 members voted on changing to Wednesdays from 10am
 12pm. 3 members voted on changing to Wednesdays from 1pm 3pm.
 - A poll will be sent for absent members to vote.
 - Change is likely to take effect in January 2026.

Next Steps and Action Items

Send out poll

10:30 (30 min)

Long Term Services and Supports (LTSS) presentation

Charmaine Kinney

Charmaine presented that LTSS has 6 different offices at 5 different locations throughout Multnomah County. LTSS is the largest division in the department, with over 300 staff members who serve roughly 43,437 Oregonians. LTSS also has embedded workers at hospitals as part of T&D who are county workers. LTSS staff also includes an Eligibility Team that determines financial eligibility and the Service Intake Unit that determines functional eligibility. Service Unit Case Managers provide case management to 10,571 consumers. Services include care planning and placement of home care workers. Administration Support and Management help with quality improvement and administrative duties. This team also includes supervision and management of staff. Client demographics are as followed: 63% are white, 15% are African American/Black or African, 12% Asian, 2% American Indian/Alaskan Native, and 1% Native Hawaiian or Pacific Islander, 59% of clients are female and 41% are male. 75.1% of consumers speak English, 6.3% speak Russian, 4.3% speak Vietnamese, and 2.6% speak Spanish. We are focused on increasing the amount of Latino/Hispanic clients as our current number is less than the census. Service options also include PACE, nursing homes, assisted living facilities, residential care facilities, in-home service options, and specialized contracted facilities. ADRC is the best way to make referrals or

applications. Online applications can increase the likelihood of mistakes, so in-person or over the phone is the best way to apply for LTSS. Callers should provide as much information as possible to ensure the best services are recommended. LTSS consumers can make 300% of the poverty limit and non-financial criteria include: being a U.S citizen, being an Oregon resident, and have not transferred assets within 5 years of applying for services with the intention of establishing eligibility. Depending on the program, the consumer may have to pursue all assets they have a legal right to and pay towards the cost of their care. The full approval process includes: application, eligibility determination, functional assessment, and service planning. The Client Assessment & Planning System (CAPS) is the functional assessment and planning systems to determine eligibility. It is used to score Activities of Daily Living (ADLs) and to check Instrumental Activities of Daily Living (IADLs). ADLs include mobility, eating, elimination, and cognition. A consumer must have needs for at least one category. If needed, the case manager may speak with family, friends, and neighbors close to the consumer to complete the assessment. IADLs are looked at, but are not a determining factor of eligibility. IADLs include making the bed, shopping, cleaning, etc. LTSS has speciality teams, such as MMAs who coordinate benefits for dual authorization with Medicare and Medicaid. They also counsel clients who are transferring onto Medicare or Medicaid. Home Care Workers are certified workers who help with in-home services, and we have staff members who help with coordination. Transition and Diversion (T&D) helps by supporting people moving from high levels of care to home care services. Their goal is to help people be successful at home, so they won't need nursing homes or hospital readmission. If T&D cases are successful, then those cases may go to case managers. The Homeless Mobile Intake Team (HMIT) has received an award and is a fairly new program. This team was created to meet unhoused people and to assess them for LTSS services. The program has had 591 referrals, 157 consumers have been placed in housing, 108 people were withdrawn, 79 people went back to being homeless, and 16 people refused services.

- Carolyn asked how the intake process could be more streamlined.
- Charmaine responded that capacity is a big factor and this is a State process which makes it different than if it were a County process. The functional assessment is also an involved aspect as opposed to the phone assessment. We have 45 days to complete this process, and we also have to pay attention to eligibility.
- Carolyn asked if there can be a pre-qualification.
- Tatyana responded that the ADRC has choice counseling and people have to meet both types of eligibility. We are trying to increase capacity.
- T.J asked if the Urban Housing and Urban Development rates affect rental vouchers. Portland is not handling those numbers as well as neighboring cities.
- Charmaine responded that we have 15 slots and all of those slots are full.
- Barb. asked what the poverty line is.
- Tatyana responded that for LTSS, it is 300% of SSI.
- Barb. asked who makes the decision for the financial part of eligibility and for the transfer of assets. Can people appeal the decision.
- Tatyana responded there is a planning aspect and even if people are disqualified people can appeal the decision.
- Barb. asked if the 45 days starts from when the consumer calls or when they receive services.
- Tatyana said the 45 days is to determine eligibility and it may take longer to actually receive services, such as finding a care facility.
- Barb. asked if there are language services.
- Tatyana said we have case managers who speak different languages.
- Gail asked if pets/service animals can be helped with IADLs.
- Charmaine said there is limited care that goes towards animals, but not full care. There is a list of what home care workers can do with pets.
- Jesse shared he thinks these services are wonderful, although there are people who get hurt and clients who get through the system. How can we stop family members from getting hurt?
- Charmaine responded that it would be a report to APS

	 and you make the report through the ADRC as family members. Jesse said he has experienced someone he knows who got hurt. We also need more people who speak Spanish. 	
Next Stens and Action Items		

Next Steps and Action Items

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11:00	BREAK – 15 minutes		
11:15 (15 min)	 Questions for LTSS? Questions were taken and responded to during the duration of the presentation, and are documented in the notes above. 	Charmaine Kinney/ Tatyana Gannotskiy	
Next Steps and Action Items •			

11:30 (10 min)	 NEO (New Employee Orientation): Invitation to record a video with Melanie. Useful for informing new ADVSD employees about the work of the council and possibly also to utilize as a recruitment tool for council members. We are requesting volunteers. Please let Sarah know if you'd like to participate. They will be contacted by Melanie to coordinate. 	Melanie Altaras
	 Sarah shared that Melanie would like to record a video of DSAC members to create a video for onboarding and recruiting purposes. We are hoping to start recording in January after the meeting. Melanie said they appreciate the overview and are hoping for participation. The interviews will be roughly 30 minutes and the interview will be conversational. Editing is an option, so no worries about mistakes. Sarah will send out a reminder email for scheduling. Barb. asked if this will be 1-on-1 and if questions will be given in advance. Melanie responded yes, questions can be given out ahead of time, although the questions will be conversational and open ended. Barb. asked if ASAC and DSAC will be clearly separated. 	

-	Melanie said yes, the videos will have different
	information since the different councils discuss different
	services, although there might be some crossover in
	information.

Next Steps and Action Items

• Sarah will send out an interview reminder/sign-up.

11:40 (15 min)

Public testimony

- Tatyana G.
- Carolyn said she would like to revisit how to make a referral/application for LTSS. Maybe we could make it known that calling would be the best way to submit an application.
- Tatyana responded that every branch has the local ADRC number.
- Barb. said she would like the changes in meeting dates and times to be known to the councils ahead of time and does not like surprises. She feels surprise changes are not trauma informed. Maybe it would have been good to join both ASAC and DSAC meetings since meetings are in the same week. Barb.'s suggestion is that ASAC could meet for an hour, then both ASAC/DSAC meet, and then DSAC could meet for an hour afterwards.
- Jesse asked why we are losing natives in this group.
- Tataya said Sarah will work on recruitment.
- Barb. shared its hard to sit on an advisory and see people not show up. We should know why people are not here within boundaries. Staff should follow up. We should have recruitment with a range of diversity and even people who use LTSS should be on DSAC.
- Sarah clarified if Jesse asked for speaker or member recruitment.
- Jesse said both would be great.

Next Steps and Action Items

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11:55	 Closing and check out The next meeting will be on December 18th at 10 am. 	Tatyana G.	
Next Steps and Action Items			

12:00 pm	Adjourn!

Upcoming Meetings:

ASAC: December 16, 2025 and January 20, 2025
DSAC: December 18, 2025, 10:00am - 12:00pm

Common acronyms used in ASAC and DSAC Meetings – While we strive to avoid acronyms and jargon here are some you may hear in ASAC meetings

- ADVSD Aging, Disability and Veterans Services Division, DCHS
- APD Aging and People with Disabilities, Oregon Department of Human Services
- APS Adult Protective Services
- ASAC Aging Services Advisory Council
- BIPOC Black, Indigenous, and People of Color
- DCHS Department of County Human Services (Multnomah)
- DSAC Disability Services Advisory Council
- LTSS Long Term Services and Supports
- NEMT Non-Emergent Medical Transportation
- O4AD Oregon Association of Area Agencies on Aging and Disabilities
- ODHS Oregon Department of Human Services (also called DHS)
- OPI and OPI-M Oregon Project Independence (- Medicaid)



Disability Services Advisory Council(DSAC)

November 20, 2025

Aging, Disability, and Veterans Services Division

Department of County Human Services

Main features of using Zoom on a computer.

Zoom application features in the works, as requested.

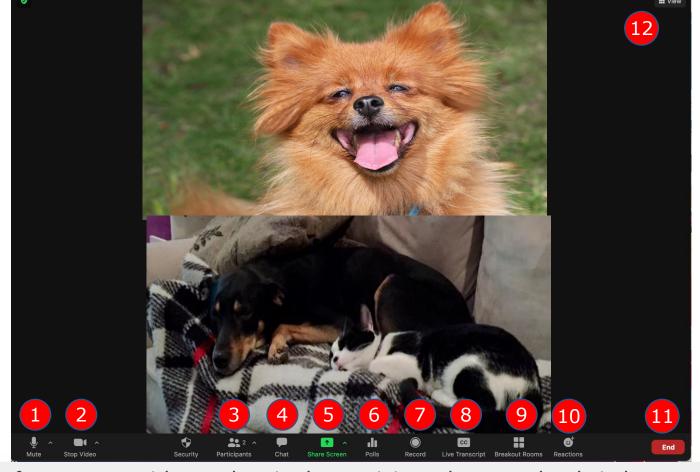
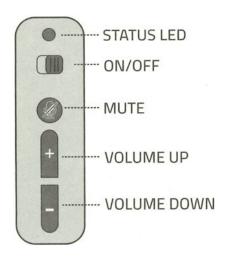
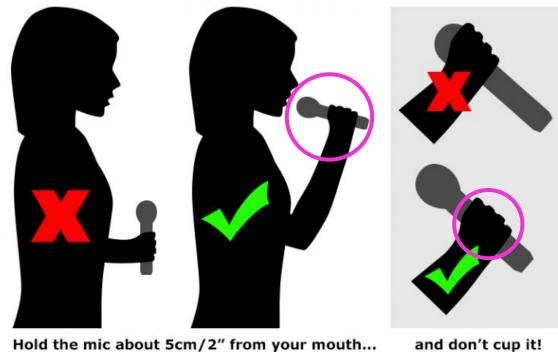


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

Using the microphone

Green solid - mic on **Green blinking – standby**





Hold the mic about 5cm/2" from your mouth...

(unless you're rapping)



Accessibility statement

We will (imperfectly!) model accessible presentation techniques such as:

- Using a minimum of 20 point font on slides.
- Limiting reliance on words and images.
- Orally describe visual presentation elements.
- Taking time on slides.
- Ask ahead of time if anyone needs accommodations.

Accessibility statement, continued

- Use a virtual platform with auto-generated closed captioning.
- Include alternate text or image descriptions.
- Accommodations were requested and met.
- In use—voice amplification.
- Not in use—ASL interpretation, CART services.

Land acknowledgement

We are located in Portland, Oregon, Multnomah county.

Today, we honor the Indigenous people whose traditional and ancestral homelands we stand on—the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya and many other Indigenous nations of the Columbia River.

It is important we acknowledge the ancestors of this place and to recognize that we are here because of the sacrifices forced upon them.

In remembering these communities, we honor their legacy, their lives, and their descendants.



Quick introductions

Please share:

- Your name
- Pronouns
- Are you a council member, staff, guest?
- Prompt

What is a new skill you are interested in learning?



Meeting goals

- Welcome and accessibility.
- Land acknowledgement.
- Introductions: members, County staff, and guests.
- Call for public testimony?
- Request for feedback Change of meeting date
- Long Term Services and Supports Presentation
- Invitation NEO interviews
- Public testimony.
- Future meetings.



Request for Feedback

- Commissioner Meghan Moyer requests the DSAC change the meeting date from Thursdays to Wednesdays to facilitate the opportunity to join meetings.
- Options include:
- 3rd Wednesday or same week as they currently run in.
- Wednesday 10am -12pm
- Wednesday 1pm -3pm



LTSS

 THE LARGEST PROGRAM IN THE DIVISION WITH 300+ STAFF

 6 BRANCH OFFICES AT 5 LOCATIONS THROUGHOUT THE COUNTY

 As of the start of this year we were serving a total of 43,457 Oregonians with Medical, SNAP and Long Term Care Service



Multnomah County AAA LTSS Offices

Branch	Address	Main Line
1418-SE	4610 SE Belmont St, STE 200 Portland, OR 97215	503-988-3660
3516-T&D	4610 SE Belmont St, STE 200 Portland, OR 97215	503-988-3516
2518-West	5-Oak: 209 SW 4th Ave #110, Portland OR 97204	503-988-5460
2818-N/NE	5325 NE MLK JR BLVD, PORTLAND OR 97211-3237	503-988-5470
3515-Mid	11982 NE Glisan Street Portland OR 97220	503-988-5480
3818-East	600 NE 8th Street Room 100, Gresham 97030	503-988-3840



Four major hospitals in Multnomah County has an embedded worker at this time–(there are vacancies)



LTSS Staff

 Eligibility Team-determine financial eligibility for all our programs for the community members

 Service Intake Unit - Determines functional eligibility for our LTC/service consumers- Since January 1st, (through 7/31) 1712 service intakes have been assigned, 245 new intakes per month, on average.



LTSS Staff

Service Unit Case Managers:

- provides case management to 10,571 service consumers,
 6,426 of those are living in their own homes -
- provides care planning, placement and assist with hiring HCW's for those in their own homes.

Admin Support & Management

- Business Support Team
- Quality Management Team
- Supervisors and Management



Service Map

Current LTSS consumers on 11/3/2025.

LTSS Service Population Map



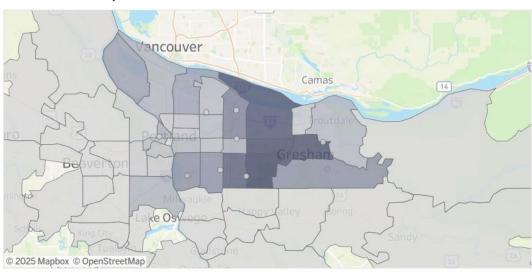


Total # of Service Consumers

10,571

Selected

10,571



Branch	# of Service Consumers
East	2,758
Mid	2,469
N/NE	1,542
SE	1,506
T&D	1,373
West	921
Other	2

Click this chart to view demographics by branch



Demographics

Race

White: 63%

African or Black/African American: 15%

Asian: 12%

Unknown: 8%

American Indian/Alaskan Native: 2%

Native Hawaiian or Pacific Islander: 1%

Ethnicity

Non Latino/Hispanic: 91%

Latino/Hispanic: 5%

Unknown: 4%

Gender

Female: 59%

Male: 41%

Unknown: 0%

Spoken Language

English: 75.1%

Russian: 6.3%

Vietnamese:4.3%

Spanish: 2.6%

Cantonese: 2.5%

61 Others: 1.2%



Service Options

If an individual is eligible for Medicaid LTSS, they are eligible to be served in various settings (as appropriate based on assessed care need and their preference).

- Nursing Facility
 - In Home
- Adult Foster Home
- Assisted Living Facility
- Residential Care Facility
- Specialized Contracted Facilities



How to Apply or to Make a Referral



 Contact Multnomah County Aging & Disability Resource Connection Helpline (ADRC):

(503) 988-3646

- Include Name, (Prime #), DOB, Consumer contact information,
 Current address, including room # if in a facility, Representative
 contact information, Referent contact information, Reason for
 referral, Urgency, Services requested, When and where individual is
 discharging to, Barriers
- Apply online at

https://www.one.oregon.gov/

Medicaid LTSS Eligibility

An individual applying for services must meet both:

1. Financial and Non Financial Criteria (OSIPM or MAGI)

and

2. Functional Criteria (Service Priority Level)

Oregon is a right to apply state so an individual or their rep may elect to move forward in the process even if it seems unlikely they would be found eligible.



Full Approval Process

- Application
- 2. Eligibility Determination
- 3. Functional Assessment
- 4. If criteria is met for financial and functional eligibility: Service Planning





Medicaid Non Financial Eligibility For LTSS

To be eligible for Medicaid-funded services in Oregon, an individual must:

- Be a US citizen or *qualified non-citizen*.
- Be an Oregon resident.
- Have not transferred assets within five years of applying for services with the intention of establishing eligibility.

Depending on which Medicaid program the individual is eligible for they may be required to:

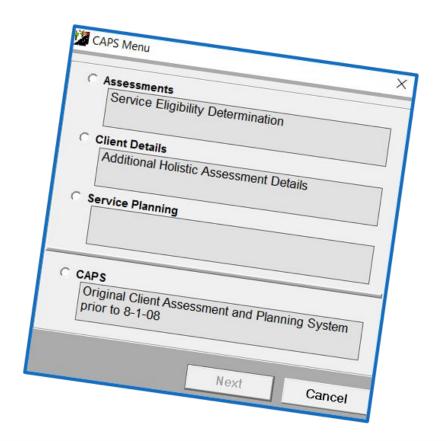
- Pursue all assets they have a legal right to (unless there is a safety concern in doing so).
- Pay towards the cost of their care (also known as a liability, pay in, or service contribution).



CAPS

Client Assessment & Planning System

Medicaid intake worker or ongoing case manager completes thorough assessment of a consumer's ability to manage and complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).





Qualifying ADLs

Mobility



Hands on assistance at least weekly

Eating



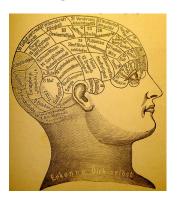
Hands on or cueing assistance at least weekly

Elimination



Hands on or cueing assistance at least weekly

Cognition



Assistance at least daily



Instrumental Activities of Daily Living (IADL)

Instrumental Activities of Daily Living (IADL) consists of housekeeping, laundry, shopping, transportation, medication management and meal preparation. NOTE: Having these needs only will not meet LTSS eligibility.

Transportation:

- Arranging rides,
- Getting in/out of vehicle
- Physical or cognitive assistance during the ride.





Special Teams

- MMA
 - Coordination of benefits for dual authorization Medicare/Medicaid
 - Council Medicaid clients transitioning onto Medicare
 - Council Medicare clients transitioning onto Medicaid
- Home Care Worker Unit
 - The HomeCare Worker (HCW) unit processes applications for individuals applying to provide services to LTSS and/or OPI consumers. The unit provides information about the enrollment process, required training for new and existing HCWs, processes HCW renewals, and maintains HCW files and updates HCWs' information, when needed.
 - Location: ADVSD East, 600 NE 8th Street, Rm 100, Gresham, OR
 97030 Email: HCW.unit@multco.us Voice message: 503-988-7575



Special Teams

- Transition and Diversion (T&D)
 - The goal of this program offer is to support participants' safety and independence living at home or in the community.
 - Case Managers help consumers transition back to their home or to a community setting. Supports can include in home services or finding a suitable placement that meets the individuals needs.
 - Three embedded hospital workers with T&D, help patients apply for Medicaid LTSS and avoid being discharged to a nursing home.
 - Serving 1,371 consumers currently.
 - T&D Case Manages all long term nursing facility residents
 - Other ongoing cases will be transferred to the branch where they live.



HMIT: Homeless Mobile Intake Team Special Teams

- Created to meet unhoused people where they live and assess them for LTSS and other qualifying critical supports to stabilize the individual
- Received the 2024 Aging Innovations Award from USAging
- HMIT partners with Home Forward to offer 15 Regional Long-Term Rent Assistance (RLRA) vouchers which provide rent assistance for up to 10 years.
- Several culturally specific positions created to address disparities in this population

Overall referrals

Total Referrals	591
Active Cases	105
Closed	452
Unassigned	42

Outcomes	Placed	157
	Outcome Pending	96
	Died	6
	Withdrawn	108
	Denied	48
	Served by others	34
Back to Homele	ess-could not connect	79
Referred to O	ther County Program	7
	Refused Services	16



I'M TAKING A BREAK

15-minute break

LTSS Presentation... Continuation

Questions and discussion



Participate in an Advisory Councils info video!

- We would like to produce a video about the advisory councils, featuring members and staff.
- The video will help us explain the ASAC & DSAC to new ADVSD employees and help us with recruitment & promotion of the advisory councils.
- Interested in being interviewed for the video? Tell Sarah and she'll connect you with our Communications Coordinator.

Public testimony and council updates

Please feel free to provide comments.



Wrap-up

- Reminders: Please remember to answer Deric timely.
 Transportation and food for in-person meetings must be completed several days in advance.
- Thanks for attending!
- Next meeting December 18, 2025
 - 10am-noon

