Aging, Disability, and Veterans Services Division
Disability Services Advisory Council (DSAC)
Thursday, October 23, 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 Gaurdipee, Caroline Underwood, Gail Skenandore, Carolyn Snell, T.J Anderson
ADVSD	Tatyana Gannotskiy, Cheri Becerra, Deric Anderson, Irma Jimenez, Brian Hughes, Kennedy Concepcion, Charmaine Kinney, Steven Esser, Kristin Riley
Guests	Amie Anderson, Jason

10:00	Meeting open for sign on	Deric/Cheri
10:05 (20 min)	Opening – Zoom review, microphone use, accessibility, and land acknowledgment Introductions – Please share your name and pronouns. What is something that makes you happy/smile? Meeting goals – *call for public testimony*	Alex Garcia Lugo

10:25 (30 min)	Adult Care Home Program (ACHP) – *foster care homes* - Steven introduced himself and provided an overview of the Adult Care Home program, including a video from the program. Adult Care Homes are licensed single family homes that offer assistance and services to no more than five adults who are not related to the Operator. The goal is to create a homelike atmosphere and less of a facility feel. Homes are located throughout Multnomah County. Ault Care Homes can be covered with federal Medicaid funds. The program follows state and county rules and requirements, and the County rules must meet or exceed State rules. Operators must live in the homes and are often families serving up to five clients. ACHP ensures compliance with health and safety standards and conducts unplanned site visits to care homes to make sure rules and requirements are being met. One goal of the program is to invest more Medicaid dollars in a community setting as an alternative to nursing facilities. Multnomah County has the majority of homes throughout the state, however there has been a lot of	Steven Esser

	growth. - Amie asked if homes have onsite management and how homes have food? - Steven said that homes have onsite management. There are other housing options that might have third parties helping with food and medications, although if someone is a Medicaid client, they have a care rate and room and board, which goes to the operator. The operator manages food, meals and accommodations for the consumers. There are requirements such as having snacks available, having a certain number of meals per day, having a food handlers card, etc. There are requirements for certain types of licenses and the operators need to have experience serving their intended population. Types of licenses include: APD, DD, BH, room and board, and limited license. - Kristin asked if private pay homes fall into these categories? - Steven responded that they typically fall into the APD population and the operator can choose their pay split. Operators need to budget and can either own or rent their home. - Carolyn asked to learn more about limited licenses. - Steven said that a limited license allows operators to serve 1 or 2 people and they are usually clients that operators know, but are not related to. Each home with a limited license has inspections and they need to meet requirements. - Barb. would like the limited license information restated - Steven said that most licenses are for the DD population and operators can serve their intended population as long they are not related to the client. - Amie asked if there are room requirements for constructing a room; could a hotel be converted into a home and collect room and board? - Steven responded that most facilities have all the same requirements. The State has loosened requirements to help with the housing demand. In 2022, there were 610 homes, and now, there are 576. There was a saturation of DD/IDD homes and many have been closing or converting their licenses, however there has been an increase in APD homes. ACHP issues licenses, vets homes, and conducts inspections and training. There	

	are coaches for first year providers, and ACHP offers technical assistance for operators. The program takes corrective action, and issues sanctions when it's appropriate. ACHP consists of roughly 30 staff members, including training coordinators, placement specialists, complaint specialists, communication specialists, supervisors, etc. ACHP is a free service unlike some private options. - Carloyn asked about training requirements. - Steven said there are monthly meetings and training, which typically have themes, and are conducted by the training specialist and are for operators. The State has their own rules, although we need to meet or exceed those rules. There is a residency agreement, administrative rules, and inspection reports. Inspection reports are public and take roughly 5-6 hours to complete. Inspections include talking to clients, looking in fridges, checking medication, etc. - Amie asked how many languages the program accommodates and was curious about guides. - Steven said placement specialists are looking at that and we have those rules. Operators need to be proficient in English and they have access to language resources. There are diverse languages with culturally specific homes. - Jesse asked how strong are the complaints people? - Steven said if there is an immediate risk we go out the same day, and if a consumer is aggressive towards another consumer, those rules are very strong. If there is aggression with an operator, then the process might be different. ACHP also looks at all the previous reports to ensure all rules are being met. APS might be involved if needed. We are transparent about what happens and there are a lot of protections for clients. Due to this process, operators should vet the consumers before entry into the homes.	

Next Steps and Action Items

●

10:55	**BREAK – 15 minutes**	
11:10	Adult Protective Services (APS) – *financial exploitation and*	Brian Hughes

(40 min)	*self-neglect* - Brian provided an introduction of APS, which has roughly 60 staff members in six different programs. The program provides protection for older adults (60 years and older), people with physical disabilities, and those living in a licensed care facility. When meeting with potential clients, APS offers resources, although everyone has the right to accept or reject their services. There are other APS teams that work with BH and DD. APS investigates physical abuse, verbal or emotional abuse, neglect, financial exploitation, sexual abuse, abandonment, wrongful use of a physical or chemical restraint, and involuntary seclusion. General signs of abuse include unexplained injuries, skin breakdown, poor hygiene, and unpaid expenses despite having funds. Self neglect is the inability to understand consequences of action/inaction, and leads to harm or significant risk of harm. Signs of cognitive decline include memory loss, unusual forgetfulness, struggling to remember familiar people and words. Risks of harm include refusing medical care, mismanaging medications, change in appearance/hygiene, malnutrition/dehydration, falling victim to scams, unsafe living conditions, and eviction/utility shut off. Case management is encouraged if someone is experiencing self-neglect and APS will check to see if that person already has case management. A lot of reports are made by mandatory reporters, such as people with public jobs. APS has an outreach coordinator who helps increase awareness for mandatory reporters, community partners, etc. Reports of elder abuse are under reported, and 1 in 10 older adults experience abuse. Multnomah County's APS number is: 503-988-4450, and they are in SE Portland. Callers can also be connected through the state line at: 1-855-503-7233. People cannot get the name of who makes a report without a court order. When a call is made, the caller will speak with a screener, and callers can always check the status of the report. Investigators make unannounced visits to alleged parties and gather information to conclude if abuse occurred. There is a wide range of services to help alleged victims stay safe. Investigations are closed when the risk is reduced as	

	much as possible. Short-term risk case management may occur after an investigation has concluded. - Jesse asked if Brian oversees licenses of care homes? - Brian said Steven oversees those homes in Multnomah County and he manages APS in Multnomah County. - Barb. said she has been trying to get APS involved with a landlord/tenant situation after physical contact happened. The mandatory reporter said it didn't happen. Was that handled correctly? - Brian responded that the person would be notified if an investigation was opened. He would be happy to speak with Barb. after the meeting. - Steven shared there is no harm in reporting something even if it has already been reported. APS will know if it is a duplicate, but then you know it has been reported.	
Next Steps and Action Items ● Share resource about scams ● Share Brian's contact information with Barb.		

11:50 (5 min)	Public testimony	Tatyana G.
Next Steps and Action Items ●		

11:55	Closing ● Asking if there is a want to change the meeting day to Wednesday, or keep it Thursday? *(Did not cover this in meeting)**	Alex Garcia Lugo
Next Steps and Action Items ●		

12:00 pm	**Adjourn!**

Upcoming Meetings:

- DSAC: November 20, 2025, 10:00am - 12:00pm

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

- ADRC - Aging, Disability Resource Connection (Center)
- 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 other 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
- OAA - Older Americans Act
- ODHS - Oregon Department of Human Services (also called DHS)
- OPI and OPI-M - Oregon Project Independence (-Medicaid)
- SHIBA - Senior Health Insurance Benefits Assistance

Disability Services Advisory Council (DSAC)

October 23, 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.

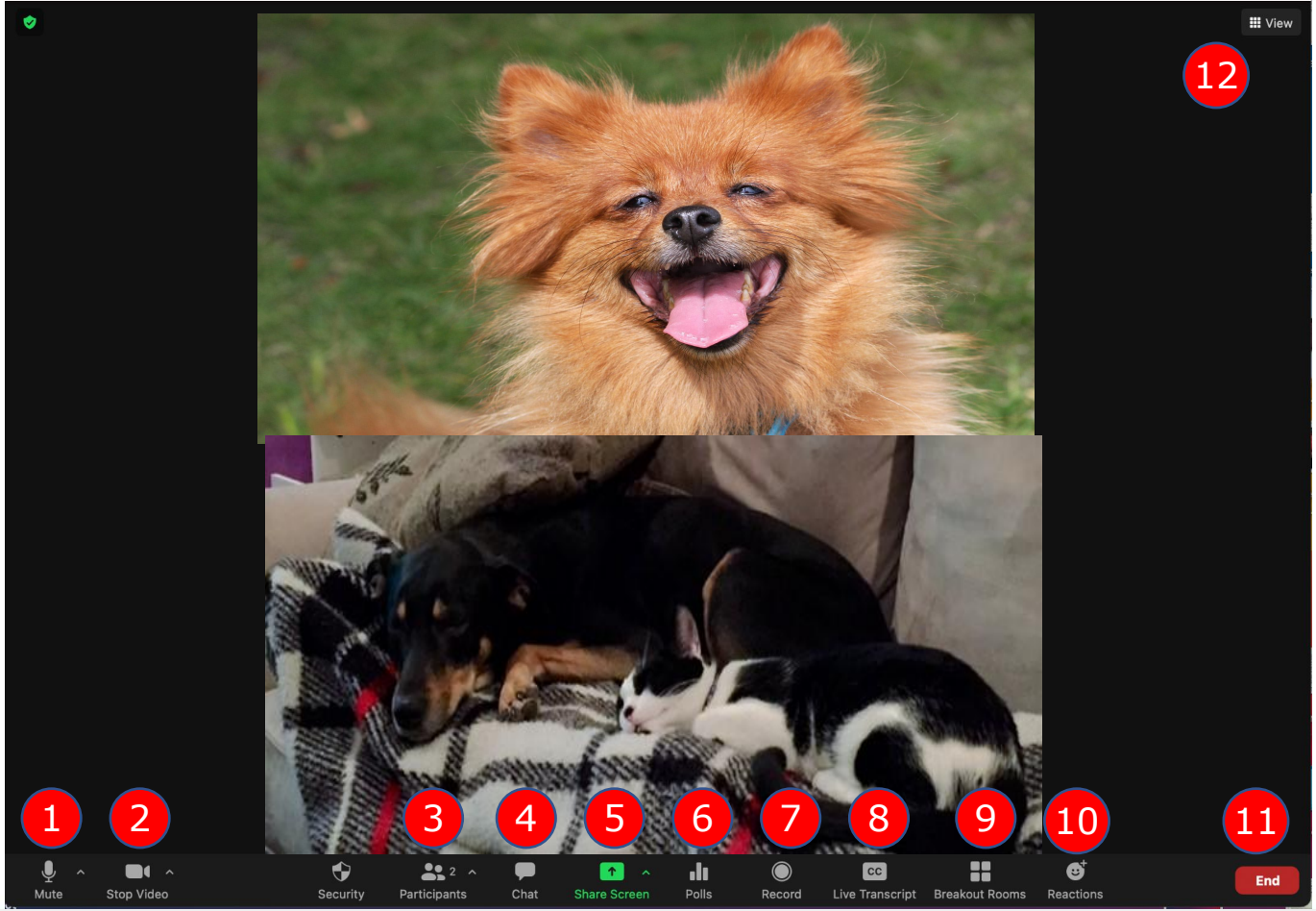
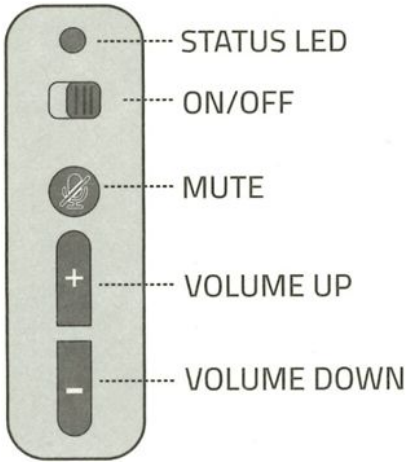


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

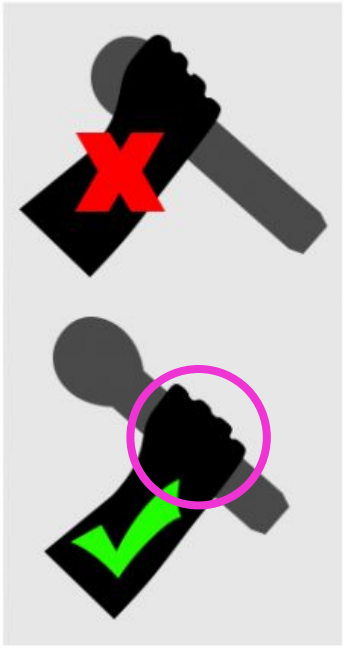
Using the microphone

Green solid – mic on

Green blinking – standby



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



and don't cup it!
(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.

Meeting goals

- Welcome and accessibility.
- Land acknowledgement.
- Introductions: members, County staff, and guests.
- Call for public testimony?
- Adult Care Home Program (ACHP) — *foster care homes*.
- Adult Protective Services (APS) — *financial exploitation and self-neglect*.
- Public testimony.
- Future meetings.

Quick introductions

Please share:

- Your name
- Pronouns
- Prompt

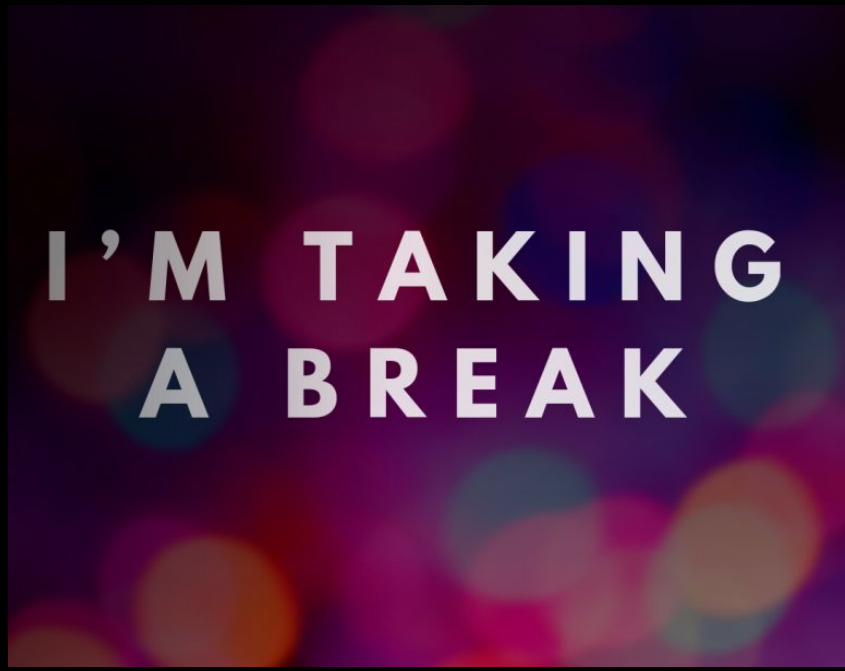
  What is something that makes you happy/smile?

Adult Care Home Program (ACHP)

Foster care homes

- Steven Esser, Manager 2, Adult Care Home Program

15-minute break



Adult Protective Services (APS)

Financial exploitation and self-neglect

- Brian Hughes, manager senior, Adult Protective Services

What is Adult Protective Services (APS)?

- Provides protection and intervention for vulnerable adults who experience harm & neglect.

Who is an ADVSD APS client?

Any adult:

- 60+
- Who has a physical disability
- Living in a licensed care facility

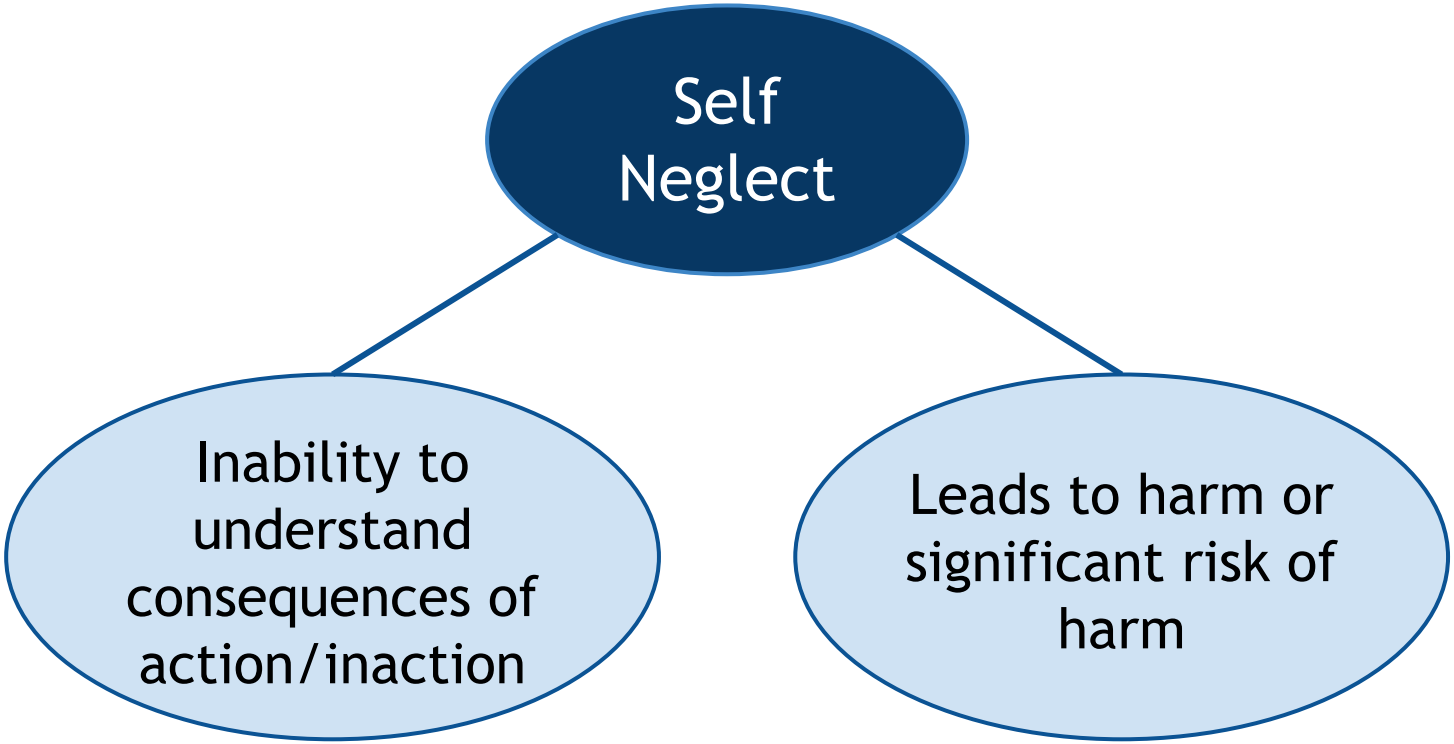
What types of abuse does APS investigate?

- Physical abuse
- Verbal or emotional abuse
- Neglect
- Financial exploitation
- Sexual abuse
- Abandonment
- Wrongful use of a physical or chemical restraint
- Involuntary seclusion

Signs of abuse

- Unexplained or patterned injuries
- Malnutrition/dehydration
- Skin breakdown
- Behavior change
- Poor hygiene/unsafe living environment
- Unattended medical needs
- Preventing someone from contacting family or friends
- Unpaid expenses despite adequate income

Self neglect



Adult Protective Services

Signs of Cognitive Decline:

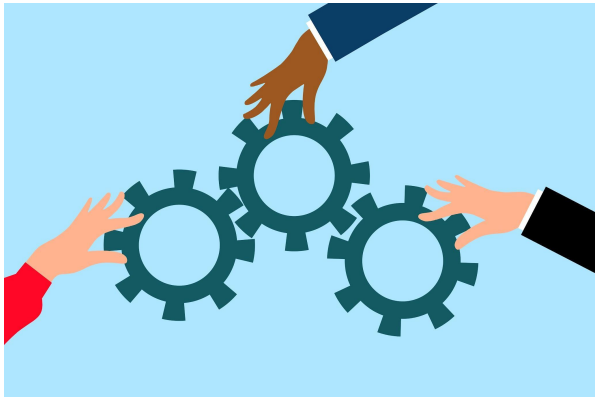
- Memory loss
- Unusual forgetfulness
- Difficulty completing familiar tasks
- Confusion about timelines
- Struggling to remember familiar people
- Difficulty remembering familiar words

Risk of Harm Can Include:

- Refusing medical care
- Mismanaging medications
- Change in appearance/hygiene
- Malnutrition/dehydration
- Falling victim to scams
- Unsafe living conditions
- Eviction/utility shut off

Self-neglect and case management

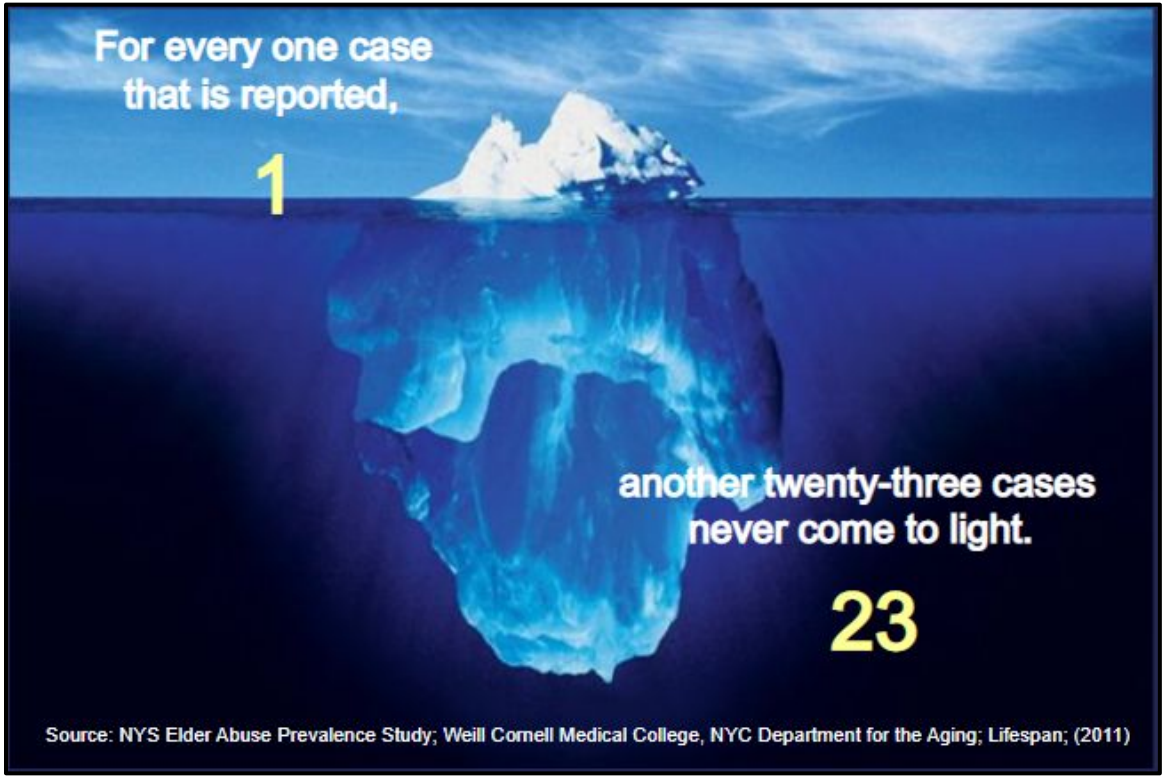
- If the person has a County/OPI case manager, APS will send the information to the case manager for follow up.
- Case manager can utilize APS' Multidisciplinary Team (MDT) for help with complex case planning.



Mandatory reporters

- Oregon law identifies the role of professionals who are mandatory reporters.
- Mandatory reporters are required to make a report should they suspect abuse or neglect of a vulnerable individual.

Reporting is important!



How do I report abuse or neglect?

For Multnomah County residents:

- **503-988-4450**

Oregon's Statewide 24-hour hotline:

- 1-855-503-SAFE (7233)

If the person is in immediate danger call 911!

What to expect when you make a call

- You will speak with a screener.
- The screener will ask questions to determine if the complaint meets the definition of abuse as per law.
- You will learn if the referral is assigned for investigation or closed at intake.

Investigations

- Gather information, assess the situation, offer interventions, and come to a conclusion.
- Goal is to provide interventions and increase safety.
- Investigators work with community partners to meet the individual’s needs.

Protective Services

- Services/resources offered by APS to protect the person from harm.
- The goal is to provide the least intrusive interventions.
- The alleged victim retains their rights.

Investigation closure

- Once risk is reduced as much as possible the case is closed.
- Findings include substantiated, unsubstantiated, or inconclusive.
- Findings are sent to the appropriate licensing agencies.

Risk management

- Short-term assistance APS provides to an individual.
- May occur after an investigation is complete; or
- If the person would benefit from protective services, but the situation does not meet criteria for investigation.

Oregon's Department of Justice scam resources:

- Free fraud prevention training
- Consumer hotline 1-877-877-9392
- File & search complaints
- Scam Alert Network
- Flyers

Oregonconsumer.gov

Thank you!

Multnomah County APS: 503-988-4450

Stacey Hurst
APS Outreach and Training Coordinator
503-988-9852
stacey.hurst@multco.us

Public testimony and council updates

- Please feel free to provide comments.

Reminders

- Please remember to answer Deric timely. Transportation and food for in-person meetings must be completed several days in advance.

Wrap-up

- Thanks for attending!
- Does the DSAC want to meet on Wednesdays instead of Thursdays?
- Next meeting — November 20, 2025
  - 10am–noon

Adult Care Home Program

Multnomah County ADVSD
Updated October 2025

Overview


They can tailor their own schedule and activities,
depending on their needs.

Overview

- Origin of Adult Care Homes in Oregon
- History of County Contract
- Program Offer
- The role of the ACHP in the community (who we serve and how)
- MCARS and OARs
- Program structure
- Licensing and Monitoring Visits
- Questions, Thoughts for Future Meetings, etc...

Definition of Adult Care Home

Adult Care Homes are licensed, single family residences that offer assistance and services to up to five adults who are not related to the Operator by blood, adoption or marriage, in a **homelike** setting, for compensation.

Goal of Adult Care Home

To ensure that adult care home residents are cared for in a homelike atmosphere that is safe and secure, where the atmosphere is more like a home than a medical facility, where the resident's dignity and rights are respected, where positive interaction between members of the home is encouraged, and where the resident's independence and decision-making are protected and supported

Philosophy and History

In 1981, Oregon became the first state granted a Federal waiver to use Medicaid funds for long term care services in the community. Prior to the waiver, only long term care was in nursing facilities was covered by Medicaid funds.

Multnomah County began regulating Adult Care Homes in 1983.

Multnomah County Exempt

Multnomah County is an exempt county as approved by State of Oregon, Director of Licensing Agency.

Exempt county provides program for licensing and inspection of adult care homes that is equal to or exceeds requirements of Oregon Administrative Rules (OAR) which govern operation of adult foster care homes per Oregon Revised Statute (ORS) 443.780.

Operating an Adult Care Home

- Operator must live in the home that is licensed or hire an approved Resident Manager to live in the home.

- Living in the home shall mean that the Operator (or Resident Manager) does not have another primary residence.

MCAR 023-070-805

Program Offer Summary

Aging, Disability & Veterans Services Division (ADVSD) Adult Care Home Program (ACHP) licenses, monitors, and provides equitable access to adult care homes in Multnomah County.

The ACHP licenses homes to ensure compliance with health and safety rules and regulations developed to support older adults, people with disabilities, people with behavioral health needs, and Veterans.

Quarterly monitoring and support visits ensure residents' specific needs and preferences are honored and met in a culturally appropriate, safe, and welcoming 24-hour setting.

Program Offer: Summary of Issue - Reduction in Medicaid Funding

The State of Oregon's approach to long-term services and supports has been to invest more Medicaid dollars in community settings as an alternative to nursing facilities.

The State values the goal of reducing Medicaid cost and increasing choice for participants.

Adult care homes are single family homes located in residential neighborhoods that offer assistance for up to five adults in a home-like environment. These homes are a key alternative to nursing facilities.

Program Offer: Summary of Issue - Reduction in Medicaid Funding

Multnomah County has the majority of the nursing facilities in the state.

Multnomah County has an exemption from the State of Oregon to create local licensing regulations that meet or exceed State requirements for adult care homes to ensure the highest quality and safety for county residents.

Types of Homes

- APD- Adults and People with Disabilities
- DD- Adults with Intellectual/Developmental Disabilities
- BH – Behavioral Health
- Room and Board
- Limited License

Classification of Homes 2022 and 2025

Class	Number of Homes	
APD - Adults (includes 3 vent homes)	**2022** 357	**2025** 400
DD- IDD/DD	191	165
Room and Board	8	2
Limited License	44	39
MHA - Behavioral Health	10	8
Total	**610**	**576**

What We Do

- Issue Licenses to care homes with approved Providers
- Licensing Renewal Inspections Annually
- Monitoring and Life and Safety Visits
- Education and Training (Orientation, Training Classes, First Year Coaches Bi-Annual Care Home Conference)
- Technical Assistance
- Assign Corrective Action, Sanctions, and Conditions as appropriate

Team Members

The ACHP consists of:

Program Manager: Leadership of the Program

Program Supervisor: Supervision and Leadership of Licensing Team

Business Services Team: Processing Business tasks, application distributions, background checks, testing, coordination with providers, miscellaneous…

Licensing Team: Currently 13 licensers

Team Members

Program Development Specialists: These are coaches that conduct monthly training for the first 12 months of operation for new Providers. (2 coaches)

Complaint and Corrective Action Specialists: (2 members) Complaint specialist is assigned when a particularly challenging situation needs monitoring. The Corrective Action Specialist is responsible for assigning sanctions, conditions, penalties, and apportionments when violations have been sited.

Quality Assurance: Works on audits and process improvements internally to ensure we are operating efficiently and to program standards or above

Team Members

Placement Specialist: Assists Providers with marketing their home on the Adult Care Options website. Assists with sending out “Blasts” communications of residents looking for housing options and connecting them with providers.

Training Coordinator: Conducts trainings to Providers and caregivers on mandatory and suggested trainings

Data Analyst: Runs reports creates dashboards and assists with Quality Assurance for the program

Communications Specialist: Communications and Conference Planning

MCAR and OAR

The Oregon State Administrative Rules (OARs) are the rules and regulations that govern the operation of care homes within the state of Oregon.

There are specific chapters of OAR for each agency ODHS,ODDS,OHA respectively.

OAR Example

309-040-0394 Residency Agreement

(1) The provider shall enter into a written residency agreement with each individual or the individual's representative residing at the AFH consistent with the following:

(a) The written residency agreement shall be signed by the provider and the individual or the individual's representative prior to or at the time of admission;

(b) The provider shall provide a copy of the signed agreement to the individual or the individual's representative and shall retain the original signed agreement within the individual's individual record

MCAR and OAR

Multnomah County Administrative Rules (MCARs) are the rules governing the operation of care homes within Multnomah County under the ACHP program.

Department of County Human Services

Aging Disability and Veterans Services Division

Adult Care Home Program

Chapter 023

MCAR Example

023-010-200 Purpose of the Multnomah County Administrative Rules

010-205 These rules set forth the standards and requirements governing adult care homes and are necessary to protect the health, safety, and welfare of the residents of adult care homes in Multnomah County. These standards and requirements shall be consistent with the homelike atmosphere required in adult care homes.

010-210 Operators, Resident Managers, and caregivers of adult care homes are required to abide by the terms of the MCAR

Inspections and Monitoring Visits

The two main types of Monitoring that occur on-site at the homes by our team are Inspections and Monitoring Visits.

Inspections: New Home, Renewal, Post-Remodel/Renovation

Inspections are not announced in advance except for new home inspections or to follow up on a renovation.

Renewal inspections are drop-in and the operator is expected to be prepared and operating to standard.

Inspections and Monitoring Visits

Monitoring Support Visits: Occur quarterly and are scheduled visits that check on:

Health and Safety -- either routine check up or known concerns, staffing

Resident Interviews -- conduct private interviews with residents

Resident Records -- review all pertinent records are in order

Other concerns or topics (COVID protocols)

Inspections and Monitoring Visits

For inspections an electronic checklist within our database guides licensers through the rules item by item. We check:

Resident Records- Resident Bill of Rights, care plans, medication records, agreements

Physical Environment- cleanliness, privacy, safety, egress, lighting, access

Food and Safety -- Fire Drills, Emergency Plans, Menus

Activities -- review records of what is offered to residents

Inspections and Monitoring Visits

Violations are noted on inspection and depending on the severity are handled accordingly.

Providers are given no more than 30 days to complete corrections that are noted, and if it involves immediate life and safety concerns more immediate action may be taken.

The License is issued upon successful completion of inspection with full compliance and all corrections completed.

License and Inspection results are public record.

Questions?