The following is a description of and explanation for the proposed Multnomah County Administrative Rule (MCAR) revisions planned to be effective April 1, 2026.

JURISDICTION:
Multnomah County Code (MCC), Chapter 23, Part 2: Adoption of Administrative Rules, beginning at §23.650, outlines the process for administrative rule revision (https://multco.us/info/multnomah-county-code).

Standards and requirements found in administrative rules are necessary to protect the health, welfare, and safety of the residents of adult care homes and to ensure that the homes maintain a homelike atmosphere for the residents (MCC §23.601(B)); and consistent interpretation, application, and enforcement of regulatory standards is necessary and desirable for the protection of residents of adult care homes (MCC §23.601(E)). Multnomah County holds an exemption to state licensure and is authorized to operate a countywide licensing program for this purpose. This exemption requires that the county program be equal or more restrictive than ("superior to") the requirements described within ORS 443.705 to 443.825. Multnomah County's licensing program is under the jurisdiction of Multnomah County Code, chapter 23, County Human Services.

NEED FOR RULE REVISION:
Multnomah County Department of County Human Services (DCHS) enacted temporary Multnomah County Administrative Rules effective January 1, 2026. MCC §23.667 allows for temporary rule to be put into immediate effect in order to protect the public or the interests of particular parties where there is not sufficient time to follow the procedure requirements set forth in §23.650 through §23.666. Per MCC §23.670, a temporary rule may be effective for a period of not longer than 120 days. Permanent rule adoption is being proposed to replace the January 1, 2026 temporary rule.

The temporary rule addressed two critical issues:

1. The 2025-27 Oregon legislative budget mandated a centralization of licensing and certification of Intellectual and Developmental Disabilities (IDD) adult and child foster homes transferring licensing authority of adult foster homes from local Community Developmental Disability Programs (CDDPs) to the Oregon Department of Human Services, Office of Developmental Disabilities Services (ODDS). Multnomah County was informed of this centralization but it was unclear whether or not Multnomah County's IDD licensed adult care homes would be included as they fell under Multnomah County's licensing exemption. Shifting licensing authority of these homes would necessitate MCAR revision removing language related to licensing and oversight of these homes. When determination to include Multnomah County IDD homes in the centralization was made, there was insufficient time to perform a permanent rule adoption process and a

temporary rule was enacted.

2. Language changes were included in the temporary rule to address a potential resident rights issue. As mentioned in MCC §23.601(E) “Consistent interpretation, application, and enforcement of regulatory standards is necessary and desirable for the protection of residents of adult care homes.” The Multnomah County Adult Care Home Program (ACHP) is responsible for interpreting and enforcing the licensing and operational standards for adult care homes in Multnomah County. In performing this responsibility, rule language was highlighted that could potentially allow for service delivery without documented prior resident consent, constituting a potential violation of resident rights. Although ACHP oversight has consistently required resident informed consent, in order to assure protection of rights, temporary rule language was implemented to explicitly mandate evidence of informed consent prior to care plan implementation.

Additionally, an appendix attached to the MCAR defining and describing Activities of Daily Living (ADLs) was updated to correspond to definitions from Oregon Administrative Rules (OARs). This appendix is a resource document and is included in the rule as a convenience; however, it is important that it coincides with OAR language.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- Proposed MCAR revisions and associated documents: https://multco.us/info/adult-care-home-regulations
- ODDS Intellectual/Developmental Disabilities Foster Homes Licensing: https://www.oregon.gov/odhs/licensing/idd-foster-homes/pages/default.aspx
- ODDS, Frequently Asked Questions: Foster Home Licensing and Certification Transition for Adult and Child Foster Providers, Dec. 1, 2025: https://www.oregon.gov/odhs/licensing/idd-foster-homes/Documents/foster-licensing-transition-faq-provider-en.pdf

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PLANNED EFFECTIVE DATE: April 1, 2026

EXECUTIVE SUMMARY OF AMENDMENTS:

- Removed IDD-specific references including references to IDD-specific documents, practices, and professionals, and references to IDD licensing.
- Updated language associated with care planning to clarify and require evidence of informed consent to residential services as prescribed on the care plan.
- Updated Appendix I to correspond to OAR language describing activities of daily living.

MCAR RULE CITATIONS WITH AMENDMENTS:

Amend: 023-010-130, 023-020-105, 023-030-105, 023-040-270, 023-040-320, 023-040-515, 023-040-550, 023-040-618, 023-040-905, 023-041-105, 023-041-110, 023-041-116, 023-041-120, 023-041-125, 023-041-135, 023-041-142, 023-041-235, 023-041-415, 023-060-210, 023-070-425, 023-070-513, 023-070-525, 023-070-605, 023-070-608, 023-070-610, 023-070-636, 023-070-705, 023-070-710, 023-070-865, 023-080-100, 023-080-208, 023-080-210, 023-080-305, 023-080-317, 023-080-410, 023-080-435,

023-080-530, 023-080-535, 023-080-560, 023-080-568, 023-080-597, 023-080-605, 023-080-608, 023-080-730, 023-090-207, 023-090-210, 023-090-220, 023-090-230, 023-090-405, 023-090-410, 023-090-540, 023-090-602, 023-090-605, 023-090-607, 023-100-440, 023-100-609, 023-100-869, 023-110-405, 023-110-415, 023-110-420, remove entire PART XII, 023-130-505, 023-130-510, 023-130-515, 023-130-520, 023-140-225, 023-140-320, 023-140-490, 023-160-425, Appendix I, Appendix III.

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

REMOVE: 023-010-130

SUMMARY: Removes language regulating the licensing of IDD adult care homes.

CHANGES TO RULE:
PART I - AUTHORITY AND PURPOSE
023-010-100 AUTHORITY FOR AND JURISDICTION OF THE MULTNOMAH COUNTY ADMINISTRATIVE RULES
~~**010-130** For those adult care homes in Multnomah County that intend to serve individuals who are receiving services from Developmental Disabilities Services Division (DDSD), Part XII and all MCAR, excluding Part XI and Part XIII, apply. To the extent that Part XII contradicts any other part of the MCAR, Part XII shall control the responsibilities of Developmental Disability (DD) home Operators and homes with residents who are receiving services through DDSD.~~¶

AMEND: 023-020-105

SUMMARY: Remove references to: services coordinator, ISP, DD, DDSD, and IDD-specific definitions from the definitions section; renumber remaining definitions; update APD program titles, update definition of informed consent to correct rule oversight.

CHANGES TO RULE:
PART II – DEFINITIONS
023-020-100 DEFINITIONS
020-105 For the purpose of these rules, the following definitions apply:¶
[...](1)(d)(ii) The home must be accessible to all residents, but a home may separate and monitor one resident from other residents in an emergency for a limited period of time in the following situations: as part of the care plan after other interventions have been attempted and an individually-based limitation has been obtained; used as a de-escalating intervention until the case manager ~~or services coordinator~~ has been notified so that the resident's behavior can be evaluated and care plan or ~~ISP/~~Behavioral Support Plan interventions have been developed to meet the resident's needs; or the resident needs to be secluded for a limited period of time from certain areas of the home when their presence in that specified area would pose an immediate risk to health or safety.¶
[...](2) Abuse Investigation – reporting and investigation activities and any subsequent services or supports necessary to prevent further abuse as required by:¶

(a) OAR 419-100-0000 through 419-100-0120~~407-045-0300 and OAR 407-045-0310~~ for adults with intellectual or developmental disabilities.¶
(b) ~~ORS 430.745 to 430.765 and OAR 943-045-0000~~OAR 419-110-0000 through 419-110-0120, or any other rules established by the Oregon Health Authority applicable to allegations of abuse of residents with mental illness or addictions.¶
(c) OAR 411-020-0000 through 411-020-0130 for older adults and adults with disabilities.¶
[...](14)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.~~¶
[...](19) Case Manager~~/Services Coordinator~~ – a person employed by ADVSD~~, DDSD,~~ or local, regional, or state allied agency approved by BHD who oversees the care and service provided to a resident from various social and health care services.¶
[...](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 Behavioral Health Division (BHD). 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 BHD consumers will be classified as Behavioral Health (BH) Class 1 or Class 2. See MCAR 023-041-100.¶
[...](25) 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 or Residency Agreement~~/ISP/Personal Care Plan~~. Compensation does not include the voluntary sharing of expenses between or among roommates.¶
[...]~~(33) 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.¶~~
[...](33~~34~~) Director – the Director of ADVSD or their designee.¶
(34~~35~~) 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.¶
(35~~36~~) Discrimination – differential treatment or denial of normal privileges to persons because of their race, age, gender, sexual orientation, gender identity, disability, nationality, or religion.¶
(36~~37~~) Disposal of Medications – see Medication Disposal.¶
(37~~38~~) 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.¶
(38~~39~~) 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.¶
(39~~40~~) Evacuation Drill – an exercise performed to train staff and occupants to evaluate their efficiency and effectiveness in carrying out emergency evacuations.¶

(4041) 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).¶
(4142) 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.¶
(4243) 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.¶
(4344) Financial Abuse or Financial Exploitation – financial abuse or financial exploitation as defined under *Abuse* (See Definition 1).¶
(4445) 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.¶
(4546) Flame Spread Rating – a measure of how fast flames will move across the surface of a material.¶
(4647) Full-Time – duration of work activity equal to or greater than 32 hours per week.¶
(4748) 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.¶
(4849) 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.¶
(4950) 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.¶
(5051) Gender Nonconforming – having a gender expression that does not conform to stereotypical expectations of one’s gender.¶
(5152) 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.¶
(5253) 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.¶
(53~~54~~) 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.¶
(54~~55~~) Home – the physical structure in which residents live. *Home* is synonymous with adult care home.¶
(55~~56~~) Home Alone – when one resident is in an adult care home without an approved caregiver or any other resident present.¶
(56~~57~~) Home and Community–Based Services (HCBS) – Home and Community–Based Services as defined in OAR chapter 411, division 4.¶
(57~~58~~) 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 .¶
(58~~59~~) 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.¶
(59~~60~~) 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.¶
(60~~61~~) 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.¶
(61~~62~~) 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(i).¶
(62~~63~~) Indirect Ownership Interest – an ownership interest in an entity that has an ownership

interest in the disclosing entity.¶
(6364) 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.¶
(6465) 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.¶
(6566) Informed Consent – voluntary authorization provided by a resident or their legal representative prior to the administration of any healthcare or Home and Community-Based Services (HCBS) services or supports, or any limitations as described within the resident's care plan. Consent is considered "informed" only after the resident or their legal representative has been fully made aware of options (alternatives), risks, benefits, and limitations associated with care including but not limited to Individually-Based Limitations (IBLs). This information must have been verbally explained to the resident and/or their legal representative in a manner they can comprehend with an opportunity to ask questions and seek clarification. Informed consent must be documented in writing with a signature and date. Consent may be withdrawn at any time. If consent is withdrawn verbally, it must be immediately documented in the resident record including the date and time, the resident/legal representative's statement, and any action taken. ~~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.~~¶
(6667) 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.¶
(6768) 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.¶
(6869) Investigation v 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.¶
(6970) 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.¶
(7071) LGBTQIA2S+ – an abbreviation for a list of terms: lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and Two Spirit (2S). The "+" is symbol used to include gender identities, gender expressions, and/or romantic and sexual orientations not specifically represented by the letters and numbers found within the LGBTQIA2S+ abbreviation.¶
(7172) 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).¶

(7273) 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.¶
(7374) 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.¶
(7475) 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.¶
(7576) 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.¶
(7677) 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.¶
(7778) 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.¶
(7879) 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.¶
(7980) Neglect – neglect as defined under *Abuse* (see Definition 1).¶
(8081) Nonbinary – an individual who does not identify exclusively as a man or a woman. Nonbinary 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 nonbinary people do. Nonbinary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.¶
(8182) 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.¶
(8283) 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.¶
(8384) 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.¶
~~(85) Office of Developmental Disabilities Services (ODDS) – a division of the Oregon Department of Human Services serving individuals with intellectual and developmental~~

~~disabilities.~~¶
(84~~86~~) Older adult – any person age 65 or older.¶
(85~~87~~) 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~~ 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.¶
(86~~88~~) 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.¶
(87~~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.¶
(88~~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.¶
(89~~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.¶
(90~~92~~) Oregon Administrative Rules (OAR) – a compilation of administrative rules adopted by the various state departments, divisions, and agencies.¶
(91~~93~~) Oregon Health Authority (OHA) – a department of the State of Oregon.¶
~~(94) 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.¶~~
(92~~95~~) 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.~~e.g., the case manager~~/services coordinator/~~ or 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.¶
(93~~96~~) Physician – a person who has been licensed to practice medicine by the Oregon State

Board of Medical Examiners, under authority of ORS Chapter 677.¶
(9497) 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.¶
(9598) Prescribing Licensed Health Care Professional – a physician, physician assistant, nurse practitioner, dentist, ophthalmologist, or other health care practitioner with prescribing authority.¶
(9699) Professionally Reasonable Clinical Judgment – the application of healthcare knowledge based on clinical reasoning, evidence, and theories.¶
(97100) Protective Services Agency – the program that receives reports of and investigates complaints of abuse under the direction of OTISOAAPI. 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 Behavioral Health, Adult Protective Services Mental Health for adults served by the Behavioral Health Division.¶
(98101) 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.¶
(99102) 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.¶
(100103) 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.¶
(101104) 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.¶
(102105) Qualified Entity Designee (QED) – an Operator appointed by the DHS Background Check Unit to submit background checks for subject individuals.¶
(103106) Qualified Person – a person who is at least 21 years of age and meets the definition of a caregiver.¶
(104107) 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.¶
(105108) Relative – see *Family Member*.¶
(106109) 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.¶
(107~~110~~) Reside – to make the adult care home a person's residence on a frequent or continuous basis.¶
(108~~111~~) 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.¶
(109~~112~~) 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.¶
(110~~113~~) 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.¶
(111~~114~~) Resident Rights – civil, legal, or human rights, including but not limited to those rights listed in the adult care home Residents' Bill of Rights.¶
(112~~115~~) Residential Care – the provision of care, services, and medication management in an adult care home.¶
(113~~116~~) 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 Geri-Chairs. 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.¶
(114~~117~~) 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.¶
(115~~118~~) 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.¶
(116~~119~~) 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.¶
(117~~120~~) 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.¶
(118~~121~~) 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.¶
(119~~122~~) 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.¶
(120~~123~~) Sexual Exploitation – sexual abuse as defined under *Abuse* (see Definition1)¶
(121~~124~~) Sexual Orientation – romantic or sexual attraction, or a lack of romantic or sexual attraction, to other people.¶
(122~~125~~) 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).¶
(123~~126~~) 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.¶
(124~~127~~) Smoke Barrier – see *Fire Barrier*.¶
(125~~128~~) 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.¶
(126~~129~~) Subject Individual – See MCAR 023-070-415¶.
(127~~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.¶
(128~~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.¶
(129~~132~~) 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.¶
(130~~133~~) 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:023-030-105(f)

SUMMARY: Clarify resident's right to consent to or refuse services, add "services and supports" to list of residential service/treatment categories.

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:¶ [...]
(f) Consent to or refuse services and supports, treatment, medication, training, examination, and/or observation.¶

AMEND: 023-040-270

SUMMARY: Remove IDD-specific language.

CHANGES TO RULE:
PART IV - LICENSING AND APPLICATIONS
023-040-200 GENERAL APPLICATION CRITERIA

040-270 An applicant shall state the classification being requested and resident population to be served (~~i.e.~~e.g., older adults/~~,~~ adults with disabilities~~, adults with developmental disabilities,~~ or adults experiencing mental illness or addictions), and provide information and supporting documentation regarding qualifications, relevant work experience, and training of staff as required by the ACHP.¶

AMEND: 023-040-320

SUMMARY: Update reference to definition (definition number changed).

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:¶[...]
(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(73~~4~~) and equal to two months' operating expenses that have been held for at least 3 months. Evidence of financial resources must include:¶[...]

AMEND: 023-040-515

SUMMARY: Remove IDD-specific language, correct typo.

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 ADVSD or, if the proposed resident's funding is through ~~DDSD or~~ BHD, 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(n).¶
(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 aState approved HCBS training.¶

AMEND: 023-040-550

SUMMARY: Replace IDD-specific “ISP” with more universal “person-centered service plan.”

CHANGES TO RULE:
PART IV - LICENSING AND APPLICATIONS
023-040-500 LIMITED LICENSE HOMES
040-550 All Limited License Operators are required to:¶
(a) Comply with the requirements for medication management (see MCAR 023-080-500).¶
(b) When the resident’s care needs change, update the resident’s care plan or personal care plan or obtain an updated copy of the person-centered service plan~~ISP~~ (see MCAR 023-080-400).¶
(c) Comply with Home and Community–Based Services and Settings and Person-Centered Service Plans (see OAR chapter 411, division 4).¶
(d) Maintain documentation of having reviewed the Residents’ Bill of Rights and the Residency Agreement with the resident and/or their representative or family member, as applicable.¶
(e) Provide nutritious and balanced meals in compliance with MCAR 023-080-805.¶
(f) Provide activities and documentation of activities in compliance with MCAR 023-080-900.¶
(g) Prior to completing any nursing care task, the Operator shall have a registered nurse evaluate whether a nursing delegation is needed. All providers shall receive delegation prior to performing any delegated tasks.¶
(h) Document annual review of responsibility for mandatory reporting of abuse or neglect of a resident in compliance with MCAR 023-070-528.¶

AMEND: 023-040-618

SUMMARY: Update reference to definition (definition number changed).

CHANGES TO RULE:

PART IV - LICENSING AND APPLICATIONS
023-040-600 LICENSE RENEWAL

040-618 A completed license renewal application packet shall include:¶[...]
(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(734), equal to two months' operating expenses that have been held for at least 3 months. Evidence of financial resources must include:¶[...]

AMEND: 023-040-905

SUMMARY: Remove term "DD"

CHANGES TO RULE:
PART IV - LICENSING AND APPLICATIONS
023-040-900 CAPACITY
040-905 The capacity of an adult care home, not including unclassified room and board homes, shall be limited to five residents. Unrelated room and board tenants residing in APD~~, DD,~~ or BH homes shall be considered residents for the purpose of these rules. Individuals who are recognized as family members and who do not receive residential care in return for compensation shall not be considered residents for the purpose of this section.¶

AMEND: 023-041-105, 023-041-110, 023-041-120, 023-041-125, 023-041-135, and removing 023-041-116, and 023-041-142.

SUMMARY: Remove IDD-specific references and regulations applying only to IDD licenses.

CHANGES TO RULE:
PART IV - LICENSING AND APPLICATIONS
023-041-100 CLASSIFICATION
041-105 The ACHP shall determine the classification of an adult care home during the licensure process. The classification level determines the specific resident population(s) an adult care home may serve (i.e., APD~~, DD,~~ or BH) and the level of care the adult care home may provide to residents. The ACHP shall consider requests for reclassification at any time, and a determination shall be made within 60 calendar days of receipt of the Operator's written request.¶
041-110 A Class 1, Class 2, or Class 3 APD license, except as noted in MCAR 023-041-115, will be issued by the ACHP based upon compliance with these rules and the qualifications of the Operator and the Resident Manager. The lowest level of qualification of the Operator and Resident Manager shall prevail in classification determination.¶
041-115 Adult care homes with an APD~~, DD,~~ or BH Limited License will be classified as Class 0. Room and Board Homes will be unclassified.¶
~~**041-116** Adult care homes in Multnomah County that serve individuals whose placements and services are authorized by Multnomah County Developmental Disabilities Services (DDSD) shall be classified as DD Class 1, Class 2B, or Class 2M. The lowest level of qualification of the Operator and Resident Manager shall prevail in classification determination.¶~~[...]
041-120 An APD~~, DD,~~ or BH Class 1 license may be issued if the applicant and Resident Manager, if any, complete the required training and have the equivalent of at least 12 months verifiable full-time experience providing hands-on assistance with ADL to adults who are

representative of the population they intend to serve. Or they must have a current CNA certification and the equivalent of at least six months' verifiable full-time experience providing hands-on assistance with ADL to adults who are representative of the population they intend to serve.¶

041-125 An APD or BH Class 2~~, a DD 2M, or a DD 2B~~ license may be issued if the applicant and Resident Manager or Shift Managers, as applicable, complete the required training and each has the equivalent of 24 months' verifiable full-time experience providing hands-on assistance with ADL to adults who are representative of the population they intend to serve. An applicant with a current CNA certification may request by exception to submit a current CNA certification and the equivalent of at 18 months' verifiable full-time experience providing hands-on assistance with ADL to adults who are representative of the population they intend to serve to meet this requirement.~~ Additionally:¶~~

~~(a) A DD 2B license may be issued only if the applicant has twenty-four months of full-time experience providing care and services to support individuals with developmental disabilities who exhibit the behavior described above and has current OIS certification.¶~~

~~(b) A DD 2M license may be issued if the applicant meets the qualifications of a DD Class 1 (see MCAR 023-041-120) and the following criteria:¶~~

~~(i) Is a licensed health care provider (such as an RN, LPN, physician, or physician assistant) or has the equivalent of twenty-four months of full-time experience providing care and services to support individuals with developmental disabilities who have a serious medical condition as described below in MCAR 023-041-144.¶~~

~~(ii) Has current satisfactory references from at least two licensed health care professionals.¶~~

~~(iii) A currently licensed Operator seeking to change the classification of their home shall submit verification of having completed a minimum 6 of the 12 hours of training requirements in specific medical training within past 12 months.¶~~[...]

041-135 An Operator with a Class 1 license may provide care to individuals who need assistance in four or fewer ADL and who do not require full assistance in any ADL, to individuals with severe and persistent mental illness who may also have limited medical conditions~~, and to individuals with developmental disabilities who do not have a serious and potentially life-threatening medical condition or exhibit behavior that poses a significant danger to the individual or others~~. All residents must be in stable medical condition and not need skilled or continuous nursing care. Restraints may not be used in ~~an APD or BH~~ Class 1 homes.¶[...]

~~**041-142** An Operator with a Class DD 2B license may provide care to residents with developmental disabilities who exhibit behavior that poses a significant danger to themselves or others. Examples of behaviors that may pose a significant danger to the resident or others include but are not limited to:¶~~

~~(a) Acts or a history of acts that have caused injury to self or others requiring medical treatment.~~

~~(b) Use of fire or items to threaten injury to others or damage to property.¶~~

~~(c) Acts that cause significant damage to homes, vehicles, or other properties.¶~~

~~(d) Actively searching for opportunities to act out thoughts that involve harm to others.¶~~

~~041-144 An Operator with a DD Class 2M license may provide care to residents with developmental disabilities who have a medical condition that is serious and may be life-threatening. Examples of medical conditions that are serious or may be life-threatening include but are not limited to:¶~~

~~(a) Brittle diabetes or diabetes not controlled through medical or physical interventions.¶~~

~~(b) Significant risk of choking or aspiration.¶~~
~~(c) Physical, intellectual, or mental limitations that render the individual totally dependent on others for access to food or fluids.¶~~
~~(d) Mental health or alcohol or drug problems that are not responsive to treatment interventions.¶~~
~~(e) A terminal illness that requires hospice care.¶~~

AMEND: 023-041-235

SUMMARY: Remove IDD-specific reference

CHANGES TO RULE:
PART IV - LICENSING AND APPLICATIONS
023-041-200 CLOSING, MOVING, OR SELLING ADULT CARE HOMES
041-235 Operators shall give at least 30 calendar days written notice to the resident, the resident's representative, and/or the resident's family member, the resident's Medicaid case manager~~/services coordinator~~, and the ACHP before the voluntary closure or the proposed sale, lease, or transfer of the adult care home business or the real property on which the adult care home is located, except in circumstances where undue delay might jeopardize the health, safety, or well-being of residents, Operators, Resident Manager, or staff.¶

AMEND: 023-041-415

SUMMARY: Update reference to definition (definition number changed).

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(118~~21~~)]¶

AMEND: 023-060-210

SUMMARY: Remove IDD-specific reference

CHANGES TO RULE:
PART VI – RESIDENCY AGREEMENTS, REFUNDS, PROVIDER ENROLLMENT AGREEMENTS
023-060-200 OPERATORS WITH MEDICAID PROVIDER ENROLLMENT AGREEMENTS
060-210 No Medicaid-eligible resident shall be admitted into an adult care home unless:¶
(a) DHS or OHA, depending on the resident population, has approved the Medicaid Provider Enrollment Agreement.¶
(b) The consumer has been screened according to MCAR 023-080-200.¶
(c) The case manager~~/services coordinator~~ has approved the placement.¶
(d) The screening is clearly documented by the Operator in the resident's record with other required admission materials required by MCAR 023-080-300.¶

AMEND: 023-070-425

SUMMARY: Remove IDD-specific reference and replace “those departments” with the applicable organization.

CHANGES TO RULE:
PART VII – STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
023-070-400 BACKGROUND CHECKS
070-425 All subject individuals must be approved and maintained as required in accordance with these rules and OAR 407-007-0200 to 407-007-0370, Criminal Records Check Rules:¶
(a) Annually for adult care homes licensed ~~for DD and~~ BH, or as directed by the ODHS BCU~~those departments~~.¶
(b) Every two years for adult care homes licensed for APD.¶
(c) Renewal background check requests for all Subject Individuals living or working in an adult care home must be received by the ACHP prior to the expiration date of the Subject Individual’s previous ACHP approval.¶
(d) Prior to a subject individual’s change in position or role (e.g., changing from caregiver to Resident Manager)¶
(e) Prior to working in another home, regardless of whether the employer is the same or not, unless MCAR 023-070-430 applies.¶
(f) Prior to working in another home that is licensed to serve a different population from the population listed on the Subject Individual’s initial approved background check.¶

AMEND: 023-070-513

SUMMARY: Remove IDD-specific reference and IDD license only regulation.

CHANGES TO RULE:
PART VII – STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
023-070-500 RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
070-513 A completed caregiver application includes:¶
(a) Verification that the caregiver workbook has been completed.¶
(b) A copy of the completed Provider Checklist for the specific home.¶
(c) A current ACHP background check request or approval for the caregiver.¶
(d) If the Operator intends for the caregiver to work alone, verification of current approved CPR and First Aid certification for the caregiver.¶
(e) Verification of having taken and passed a mandatory reporter training.¶
(f) For ~~DD and~~ BH caregivers, verification that the applicant has completed an ACHP-approved basic training course and passed a qualifying test.¶
~~(g) For caregivers intending to work in a Class DD 2B home, verification of having taken OIS.¶~~

AMEND: 023-070-525

SUMMARY: Remove IDD-specific reference

CHANGES TO RULE:
PART VII – STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
023-070-500 RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
070-525 Once approved, the Operator shall ensure Resident Managers, Shift Managers, and caregivers submit a completed renewal application annually prior to the individual's expiration date.¶
(a) All renewal applications shall include an approved background check or background check request for that role and population.¶
(b) Application packets for Resident Managers, Shift Managers, and caregivers who work alone shall include verification of current CPR and First Aid.¶
(c) Resident Manager and Shift Manager renewal application packets must include copies of annual continuing education certificates as appropriate to the individual's certification level and a physician's report every two years.¶
(d) ~~DD and~~ BH caregiver renewal applications must also include copies of at least 12 hours of annual continuing education credits.¶

AMEND: 023-070-605, 023-070-608, 023-070-610, and 023-070-635

SUMMARY: Remove IDD-specific references and training requirements.

CHANGES TO RULE:
PART VII - STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
023-070-600 TRAINING
070-605 Operator, Resident Manager, Shift Manager, and ~~DDSD and~~ BHD caregiver applicants shall at a minimum successfully complete an ACHP approved basic training course before being licensed or approved to provide care to any resident. The ACHP-approved basic training hours may include but are not limited to: demonstrations and practice in physical care giving; screening for care and service needs; appropriate behavior towards residents with physical, cognitive, or emotional disabilities; issues related to accessibility for persons with disabilities; fire safety and evacuation issues; emergency procedures; medication management; personal care products; food preparation; home environment and safety procedures; residents' rights; and mandatory abuse reporting.
070-608 All Operators, Resident Managers, and Shift Managers must attend the ACHP-approved diversity training, Emergency Preparedness Planning, Record Keeping "Part A – Screening and Care Planning," and Record Keeping "Part B – Medication Management" within the first year of licensure or approval. ~~In addition, those serving residents served by ADSVD and BHD or privately paying older adults or people with disabilities must take Recording Keeping "Part A – Screening and Care Planning," and those serving residents funded by DDSD must take the Fatal Four.¶~~[...]
070-610 Operators, Resident Managers, and Shift Managers must complete ACHP-approved continuing education training annually. The minimum training hours must be completed within the 12-month licensure or certification period. Training must be related to the care of ACH residents. Up to four hours annually may be related to the ACH business operation, however,

consultation with an accountant does not count toward the required training requirement. The minimum required training hours are as follows:¶
(a) Twelve hours for Class 1 Operators, Resident Managers, Shift Managers, ~~DDSD caregivers (see MCAR 023-120-410),~~ and BH caregivers (see MCAR 023-130-410).¶
(b) Fourteen hours for Class 2 Operators, Resident Managers, Shift Managers.¶
(c) Sixteen hours for Class 3 Operators, Resident Managers, Shift Managers.¶[...]
070-635 All caregivers working in APD homes shall study the ACHP-approved Caregiver Study Guide and complete the Caregiver Workbook with no assistance or complete an ACHP approved basic training prior to providing residential care. ~~All DDSD providers, including caregivers, must complete the DDSD Basic Training Course, which includes, but is not limited to, passing an examination on course work and necessary skills.~~ All BH providers, including caregivers, must complete the BHD Basic Training Course, which includes, but is not limited to, passing an examination on course work and necessary skills. [See MCAR 023-070-605]¶

AMEND: 023-070-705 and 023-070-710

SUMMARY: Remove IDD-specific references

CHANGES TO RULE:
PART VII - STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
023-070-700 TESTING
070-705 Applicants must pass an ACHP approved qualifying test before being licensed, or approved to be either a Resident Manager or Shift Manager, or prior to providing residential care as a caregiver in ~~either~~ a ~~DD or~~ BH home. The examination shall evaluate the applicant's ability to understand and respond appropriately to emergency situations, changes in medical conditions, physician's orders and professional instructions, medication management, nutritional needs, resident's preferences, and conflict situations. The examination shall evaluate their understanding of the rules for adult care homes and the basic training course.¶
070-710 No Operator or Resident Manager applicant may take the qualifying test more than twice in a six-month period. Failing to pass a qualifying test on the second attempt may lead to an application being denied. A ~~DDSD or~~ BHD caregiver applicant who fails the second qualifying test must wait 14 days to retake the test, and each subsequent test failure shall require a 14-day waiting period.¶

AMEND: 023-070-865

SUMMARY: Replace IDD-specific "ISP" with more universal "person-centered service plan"

CHANGES TO RULE:
PART VII - STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS
070-865 Operators shall ensure that providers have a clear understanding of job responsibilities, have knowledge of residents' care plans, and~~or~~ person-centered service plans when applicable~~ISPs~~, and are able to provide the care specified for each resident, including appropriate delegation or consultation by a registered nurse.¶

AMEND: 023-080-100

SUMMARY: Remove IDD-specific references

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-100 GENERAL CRITERIA
[...]**080-110** Operators and all other providers shall provide a resident with the care and services as agreed to in the resident's care plan ~~or ISP~~ and as appropriate to meet their needs.¶[...]
080-123 If an Operator or any provider intends to take a resident on a trip or vacation for a period that is expected to exceed 24 hours, advance notification must be given to and written approval must be obtained prior to departure from appropriate persons, including the case manager~~/services coordinator, ISP team~~, representative, or any other appropriate people. The Operator shall send a copy of that approval to the ACHP. The advance notification shall include documentation of any arrangements including staffing, support, transportation, and expenses for the trip or vacation. If the Operator plans to be absent from the home more than 72 hours, the Operator must comply with MCAR 023-070-830.¶[...]
080-130 Operators and all other providers shall ensure that residents receive all nurse- or physician-prescribed medical treatments, medications, or care, unless the resident refuses such treatments, medications, or care. Residents shall have the right to consent to or refuse all medications, treatment, or care. If a resident refuses medications, treatments, or care or if a resident's medication or adaptive equipment (including, but not limited to, glasses, dentures, or hearing aids) is missing, the incident shall be immediately (no later than 24 hours) documented in the resident's records and appropriate persons notified, including the doctor, the resident's representative or family member, as applicable, and the resident's case manager~~/services coordinator~~. Other persons involved in resident care, including any providers, shall also be informed.¶
080-135 Operators and all other providers shall immediately inform the resident, the resident's physician or nurse, the resident's representative or family, as appropriate, the resident's case manager~~/services coordinator~~, when applicable, and any other appropriate people of the resident's change in condition, including when the resident has a major behavioral incident, accident, or illness; a resident's unexplained or unanticipated absence, hospitalization, or death; when the provider becomes aware of alleged or actual abuse of the resident; or if the resident contacts or is contacted by the police. The Operator will follow up on the initial contact with a written incident report.¶
080-137 In the event of any unusual incident, including the incidents listed in MCAR 023-080-135, injury, accident, or other unusual incidents involving a resident the Operator or provider shall complete a written incident report on the ACHP approved form. Documentation shall include how and when the incident occurred, who was involved, what action was taken by the Operator or staff, and the outcome for the resident. Separate reports must be written for each resident involved in an incident. Within five working days of the incident, the Operator shall submit the completed incident report to the resident's case manager~~/services coordinator~~.¶[...]
080-145 In the event of a serious medical emergency, including the possible death of a resident, the Operator or any provider with the resident at the time of the emergency shall call 911 or the

appropriate medical emergency number (which may include hospice provider or private health care organization emergency number) for their community. This does not apply to residents who practice Christian Science. For residents on hospice programs, the caregiver shall follow the written instructions from the hospice RN. The resident's primary care provider, representative, or family member, as appropriate, and the case manager~~/services coordinator~~, if applicable, shall also be called. The Operator/staff shall have copies of any Advance Directives, Do Not Resuscitate (DNR) orders, Physician's Orders for Life-Sustaining Treatment (POLST), and/or other pertinent medical information available when emergency personnel arrive.¶ [...]

AMEND: 023-080-208 and 023-080-210

SUMMARY: Remove references to IDD-specific "services coordinator".

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-200 SCREENING
080-208 Operators must also re-screen a current resident who has been admitted to a hospital and/or other care facility prior to allowing the resident to return to the adult care home. If it is determined that the resident's care needs exceed the classification of the home, the Operator may submit an out-of-class exception to the ACHP prior to readmitting the resident if the Operator determines that the home can continue to meet the resident's care needs. Prior to admitting the resident, the Operator shall obtain written approval from the ACHP. If the Operator determines that the home can no longer meet the resident's care needs, this determination shall be documented on the screening sheet and shall clearly demonstrate the basis for refusing the resident's readmission to the home. A copy of the screening shall be given to the resident or the resident's representative, the resident's case manager~~/services coordinator~~, and the ACHP within 24 hours of making the determination.¶
080-210 All screenings shall include interviews with the potential resident in person, and the potential resident's representative and family, as appropriate, prior caregivers, and case manager~~/services coordinator~~ as appropriate. The Operator shall also interview as necessary any physician, nurse, or other health care professional involved in the prospective resident's care.¶

AMEND: 023-080-305 and 023-080-317

SUMMARY: Remove references to IDD-specific "services coordinator".

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-300 ADMISSION TO THE ADULT CARE HOME
080-305 Prior to admission to the home, the Operator shall obtain and document in the prospective resident's records general information regarding the prospective resident. The information shall include, as applicable, names, addresses, and telephone numbers of the prospective resident's representative, relatives, and other significant persons; case manager~~/services coordinator~~; preferred medical, mental health, and dental providers; the prospective resident's day program or employer; and any other representative providing care

and services to the prospective resident. The record shall also include the date of admission and, if available, the prospective resident's Medicaid prime number, Medicare number, and private medical insurance numbers, birth date, gender, marital status, religious preference, preferred hospital, guardianship status, and prior residence. At an appropriate date, the Operator shall obtain mortuary information, if available. This information shall be kept up to date and shall be maintained according to MCAR 023-090-220(b).[...]¶
080-317 Prior to admission for Medicaid-funded consumers; the Operator shall ensure that a case manager~~/services coordinator~~ has approved the prospective resident's placement. [See MCAR 023-060-210]¶

AMEND: 023-080-410 and 023-080-435

SUMMARY: Remove references to IDD-specific "services coordinator".

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-400 PERSON-CENTERED SERVICE PLANS, INDIVIDUALLY BASED LIMITATIONS
080-410 Person-centered service plans for Medicaid-eligible residents will be completed by the resident's case manager~~/services coordinator~~, pursuant to OAR 411-004-0030. The Operator must incorporate all applicable elements identified in the person-centered service plan into the resident's care plan. To effectively provide services, providers must have access to the portion of the person-centered service plan that the provider is responsible for implementing.¶[...]
080-435 The Operator must notify the resident's case manager~~/services coordinator~~ in the event a review and change or removal of an existing limitation appears warranted, and when a new limitation is supported by a specific assessed need. The case manager~~/services coordinator~~ shall approve all changes with the consent of the resident and/or the resident's representative.¶
(a) All attempts to notify the resident's case manager about a review to change, remove or add a limitation must be documented, and available in the resident's record.¶
(b) The Operator will not be held responsible for any failure on the case manager's part to conduct a review of current limitations or to complete the person-centered service plan.¶

AMEND: 023-080-530, 023-080-535, 023-080-560, 023-080-597, and **REMOVE** 023-080-568

SUMMARY: Remove IDD-specific references and IDD-specific requirements, correct typo

CHANGES TO RULE:
PART VIII - BASIC CARE¶
023-080-500 ADMINISTRATION OF MEDICATIONS, TREATMENTS, AND THERAPIES
[...]**080-530** Changes to orders, including the discontinuation of medications or treatments, may not be made without a prescribing licensed health care professional's order. Attempts to call the prescribing licensed health care professional to obtain the needed changes in orders must be documented in the resident's record. Changes in the dosage of an existing medication require a new pharmacy label. If a new pharmacy label cannot be immediately obtained, the change must be written on an additional label attached to the medication container, not to deface the existing original pharmacy label, and must match the new medication order. This may be done temporarily until a new label is obtained or until the next fill cycle and attachment of the

additional label. All attempts to obtain a new label shall be documented in the resident's record. [See MCAR 023-080-595 for additional requirements]¶
080-535 If an Operator, Resident Manager, or caregiver has good reason to believe that medical orders are harmful to a resident, the Operator, Resident Manager, or caregiver shall immediately notify the physician, nurse, resident's representative or family member, as appropriate, case manager~~/services coordinator~~, and any other appropriate people to protect the health and safety of the resident.¶[...]
080-560 The Operator and all providers shall know the specific reasons for the use of the psychoactive medication for a resident, the common side effects, and when to contact the prescribing licensed health care professional regarding those side effects. The care plan ~~or ISP~~ must identify and describe the resident's behavioral symptoms and shall address the psychoactive medications, behavioral and environmental supports, and any other intervention used to address the behavior symptoms identified.¶
~~080-568 P.R.N. psychotropic medication orders are not permitted for DDSD residents.~~
080-597 A resident may self-medicate only with a prescribing licensed health care professional's written approval that shall be kept in the resident's records. The written approval shall include documentation that the licensed health care professional has trained the resident for self-administering medications or treatment or has documented that training is unnecessary; documentation that the resident is able to manage their own medication regimen; and documentation of retraining when there is a change in dosage, medication, or time of delivery. A resident shall keep self-administered medications locked in a secure place in their bedroom. Medications must be kept locked except those medications on the residents' own person. Operators and other providers shall not be responsible for administering or documenting medications when residents self-medicate, but shall notify appropriate health care professionals if a resident shows signs of being unable self-medicate safely. Self-administration of medications shall be documented in the resident's care plan ~~or ISP~~.¶

AMEND: 023-080-605 and 023-080-608

SUMMARY: Remove reference to IDD-specific "services coordinator," update reference to definition (definition number changed).

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-600 NURSING CARE TASKS
080-605 Adult care homes with privately paying resident(s) shall ensure resident(s) are monitored in the home by a physician, physician assistant, nurse practitioner, or registered nurse. Monitoring shall be required as medically indicated. Medicaid-funded monitoring of eligible residents must be authorized by the resident's case manager~~/services coordinator~~. [See OAR 411-048-0000] At a minimum, monitoring shall include a resident interview (if appropriate) and a review of resident records, medication management, doctor's orders, and resident's care. Documentation of nurse consultations, delegations, assessments, and reassessments must be maintained in the resident's record.¶
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(823)] 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: 023-080-730

SUMMARY: Replace IDD-specific "ISP" with more universal "person-centered service plan."

CHANGES TO RULE:
PART VIII - BASIC CARE
023-080-700 RESTRAINTS
080-730 Physical restraint use shall be recorded on the care plan or person-centered service planISP showing why and when the restraint is to be used, along with instructions for periodic release. Any less restrictive alternative measures planned during the assessment and cautions for maintaining safety while restrained shall also be recorded on the care plan.¶

AMEND: 023-090-207, 023-090-210, 023-090-220, and 023-090-230

SUMMARY: Remove references to IDD-specific terms, add language that allows use of initials in place of signature with signature log.

CHANGES TO RULE:
PART IX - STANDARDS FOR OPERATION
023-090-200 RESIDENT RECORDS
[...]**090-207** Resident records must be kept in a legible, organized, and professional manner so as to be understood by ACHP staff. Initials may substitute for signatures on documents if a signature log with a corresponding printed name, signature, and initial is included in the record.¶
090-210 Resident records maintained by the Operator shall be stored in a locked location that is accessible to the Operator and providers. Records shall readily be made available at the adult care home to all providers and to representatives of the ACHP conducting inspections, as well as to residents and their representatives. In addition, access must be readily available to the case manager/services coordinator and the Centers for Medicare and Medicaid Services. Resident records shall also be made readily available to the appointed State Long Term Care Ombudsman (LTCO), the Residential Facilities Ombudsman, Deputy State LTCO and Certified Ombudsman Volunteers with permission from the resident or resident's guardian or representative, as appropriate. [See MCAR 023-150-160]¶[...]
090-220 The resident records shall contain the following information:¶[...]
(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.¶[...]
(i) 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 BHD within five working days of the incident.¶[...]

(m) 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~~ BHD 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.¶[...]

090-230 When, for any reason, a resident moves from the adult care home, the Operator shall forward copies of pertinent information from the resident's record to the resident's new place of residence. Pertinent information shall include at a minimum:¶[...]

(b) Current medication administration records, a care plan ~~or ISP~~ and support documents, the person-centered service plan, behavioral support plan, or nursing service plan, and any documentation of limitations. These documents shall be used as reference only.¶

(c) Copies of current progress notes and incident reports, including documentation of actions taken by the adult care home staff, resident, or the resident's representative or family, as appropriate, pertaining to the move or transfer, as events take place.¶

(d) Copies of any documents regarding the care, decision-making, and end-of-life directions for the resident, including but not limited to the following: Advance Directive, letters of guardianship, letters of conservatorship, POLST, and Do Not Resuscitate (DNR) orders.¶[...]

AMEND: 023-090-405(i) and 023-090-410(b)

SUMMARY: Remove IDD-specific references and requirements

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:¶[...]

(i) 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 BHD¶

(2) The ACHP.¶

(3) Disability Rights Oregon, and t~~T~~he ADVSD Helpline~~,~~ or the BHD Crisis Line~~, or, for DDSD homes, Disability Rights Oregon~~.¶

(4) The Ombudsman for ADVSD~~, DDSD,~~ and/or BHD as applicable.¶

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

(k) 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.¶

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

090-410 A list of emergency telephone numbers shall be readily visible and posted by a central telephone in the adult care home. The list shall include:¶[...]

(b) The local ADVSD~~, DDSD,~~ or BHD office and protective services.¶[...]

AMEND: 023-090-540

SUMMARY: Remove reference to IDD-specific “services coordinator.”

CHANGES TO RULE:
PART IX - STANDARDS FOR OPERATION
023-090-500 TELEPHONE
090-540 The Operator shall notify the ACHP, the resident, the resident’s representative or the resident's family, as appropriate, and any case manager~~/services coordinator~~ within 24 hours of a change in the telephone number for the Operator, the telephone number of the adult care home, or the Operator’s mailing or email address.¶

AMEND: 023-090-602, 023-090-605, and 023-090-607

SUMMARY:Remove references to IDD-specific “services coordinator.”

CHANGES TO RULE: PART IX - STANDARDS FOR OPERATION
023-090-600 VOLUNTARY AND INVOLUNTARY RESIDENT MOVES
090-602 Operators shall make every opportunity to work with a resident prior to issuing an involuntary move notice. Attempts to support a resident shall be documented in the resident’s record and may include but are not limited to problem solving, working with the resident’s family, working with the case manager~~/services coordinator~~ to obtain an individually-based limitation or behavioral support specialist, requesting an exceptional rate, and increasing or changing staffing. Involuntary notices may be considered invalid if the documentation fails to demonstrate the attempts to support the resident.¶[...]
090-605 Operators shall not request or require a resident to involuntarily move from the adult care home or move to another room in the adult care home without giving at least 30 days’ written notice of the move. All notices shall be in a format and/or language that is understood by the resident. The notice shall be delivered in-person to the resident or sent by registered or certified mail to the resident's representative or family, as appropriate, and a copy shall be immediately sent to the case manager~~/services coordinator~~, the ACHP, and any other appropriate person(s). If the resident lacks capacity and there is no representative, a copy of the notice must also be immediately submitted to the State Long Term Care Ombudsman or Residential Facilities Ombudsman. This excludes emergency situations where the home or resident's room no longer meets facility physical standards and situations where repairs are needed. The notice shall state the reasons for moving the resident and the resident's right to object and request a hearing. [See MCAR 023-090-630]¶
090-607 If a Medicaid resident or the resident’s representative voluntarily gives notice of the resident’s intent to move from the adult care home, or the resident moves from the home abruptly, the Operator must promptly notify the resident’s case manager~~/services coordinator~~. Medicaid residents are not required to give notice of an intent to move.¶[...]

AMEND: 023-100-440

SUMMARY: Update reference to definition (definition number changed).

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(116~~3~~) and 023-100-832]¶

AMEND: 023-100-609

SUMMARY: Remove reference to IDD-specific “services coordinator” and replace IDD-specific “ISP” with more universal “person-centered service plan.”

CHANGES TO RULE:
PART X - STANDARDS FOR ADULT CARE HOMES
023-100-600 DOORS AND LOCKS
100-609 Operators are responsible for replacing the key if a resident loses the personalized key to their bedroom door. If a resident is unable to appropriately maintain their key, Operators are encouraged to work with the resident, the resident’s representative, the resident’s case manager ~~or services coordinator~~ to engage in behavioral support and write support into the resident’s care plan, person-centered service plan~~ISP~~, and/or behavioral support plan. Operators may charge privately-paying residents a lost room key replacement fee, not to exceed the actual cost of the key.¶

AMEND: 023-100-869

SUMMARY: Replace IDD-specific “ISP” with more universal “person-centered service plan.”

CHANGES TO RULE:
PART X - STANDARDS FOR ADULT CARE HOMES
023-100-800 **EVACUATION AND EMERGENCY PREPAREDNESS**
100-865 Operators shall develop, maintain, update, and implement a written Emergency Preparedness Plan (EPP) on the ACHP-approved template for the protection of residents in the event of an emergency or disaster. The EPP must:¶
(a) Be practiced at least annually. Practice may consist of a walk-through of the duties or a discussion exercise dealing with the hypothetical event, commonly known as a tabletop exercise.¶
(b) Consider the needs of the residents being served and address all natural and human-caused events identified as a significant risk for the home such as a pandemic or an earthquake.¶
(c) Include provisions and sufficient supplies consistent with community standards, such as sanitation and food supplies, to shelter in place when unable to relocate for a minimum of three days under the following conditions:¶
(1) Extended utility outage.¶

(2) No running water.¶
(3) Inability to replace food supplies.¶
(4) Caregivers unable to report as scheduled.¶
(d) Include provisions for evacuation and relocation that identify:¶
(1) The duties of providers during evacuation, transportation, housing of residents, and instructions to providers to notify ADVSD, ~~DDSD,~~ BHD, or a designee of the plan to evacuate or the evacuation of the home as soon as the emergency or disaster reasonably allows.¶
(2) The method and source of transportation.¶
(3) Planned relocation sites that are reasonably anticipated to meet the needs of the residents.¶
(4) The physical description of the resident that provides persons unknown to the resident the ability to identify each resident by name, which may include a picture of the resident with the date the picture was taken, and identification of the race, gender, height, weight range, hair, and eye color of the resident; and any other identifying characteristics that may assist in identifying the resident, such as marks or scars, tattoos, or body piercings.¶
(5) A copy of the resident's current and accurate Care Plan ~~or ISP~~.¶
(6) A method for tracking and reporting to ADVSD, ~~DDSD,~~ BHD, or a designee the physical location of each resident until a different entity assumes responsibility for the resident.¶
(e) Address the needs of each resident, including provisions to provide:¶
(1) Immediate and continued access to medical treatment by including the resident information sheet; an updated medication order; and other information necessary to obtain care, treatment, food, and fluids for residents.¶
(2) Continued access to life-sustaining pharmaceuticals, medical supplies, and equipment during and after an evacuation and relocation.¶
(3) Anticipated needed behavior supports during an emergency.¶
(4) Adequate staffing to meet the life-sustaining and safety needs of residents.¶
(f) Operators shall instruct and provide training to all providers and the home's Back-Up Operator about the provider's and Back-Up Operator's duties and responsibilities for implementing the EPP. Documentation of caregiver EPP training shall be kept on record in the adult care home.¶
(g) Operators shall coordinate applicable parts of the EPP with each employment or day program provider, if applicable, to address the possibility of an emergency or disaster during day time hours.¶
(h) Operators shall re-evaluate the EPP at least annually or when there is a significant change in the home.¶

AMEND: 023-110-405, 023-110-415, and 023-110-420

SUMMARY: These changes update care plan regulations for APD licensed homes requiring resident/representative signature prior to implementation (informed consent), requiring review with resident and signature (or initial) indicating consent prior to implementation of an updated plan, clarify documentation standards for review and update of the care plan, clarify ACH staff review of care plan and updates prior to providing care to residents, and streamline existing language.

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)
110-405 The Operator mustshall develop a care plan for each resident. The care plan shall be developed together with the resident and/or their legal representative must be involved in the development of the care plan. as appropriate, the resident's representative or family, physician, nurse, case manager, and any oOther appropriate people involved in the resident's care (e.g. case manager, family members, home health nurse) may participate in care plan development as needed. The initial and/or 14-day care plan must also, and shall include information from the screening assessment of the resident. The intent of the care plan is to accurately reflect the resident's care needs.¶[...]
110-415 The resident care plan mustshall be finalized and implemented by the Operator within 14 days of admission to the home. The care plan shall be signed by those who have prepared the plan. Prior to implementation, the care plan must be signed and dated by the Operator and by the resident and/or their Legal Representative, indicating informed consent to the services described within the plan. Additionally, all new and/or updated plans must be reviewed and signed by each provider/caregiver prior to providing care to residents.¶
110-420 Care plans mustshall be reviewed and rewritten annually. Additionally, a review of the care plan must occurthe care plan for a resident will be reviewed and updated whenever the resident's care needs change and at minimumleast every six months. Residents must be included in the care plan reviews described in this section. At the time of review, the care plan must be updated as needed. Care plan reviews and updates must be documented as follows:
(a) Reviews: Care plan reviews must be documented in the resident record. Documentation must note the date of the review, whether or not the review resulted in an update to the plan, decisions made during the review or other significant review topics, and who was present during the review (e.g. Operator, resident, legal representative, other ACH staff members, case manager.) The Operator shall review care plans with the resident and/or a representative at least once each year.¶
(b) Updates: All written-in additions or deletions must be dated and signed/initialed by the Operator and resident or their legal representative; and all individuals involved in the plan's update must sign and date the care plan's final signature page. All updates must be dated and signed by the Operator.¶
(c) Consent: The resident's and/or legal representative's signature indicates informed consent to services, supports, and limitations as described. Informed consent is required prior to implementation of any initial or updated care plan. A resident/legal representative's consent may be revoked either verbally or in writing at any time.¶
(d) Care staff review: Following the implementation of an initial, 14-day, or updated care plan, the Operator must ensure that all providers/caregivers review and sign the plan prior to providing care to residents.¶
(e) Legibility: Care plans must be fully legible at all times. and iIf a care plan contains many changes and becomes less legible that render it difficult to read or understand, a new care plan must be written. The Operator shall review care plans with the resident and/or a representative at least once each year. This review shall be documented in the resident's records.¶

REMOVE: PART XII – MULTNOMAH COUNTY ADULT CARE HOME RULES FOR

DEVELOPMENTAL DISABILITY SERVICES DIVISION (DDSD) HOMES

SUMMARY: Remove IDD-specific Part XII.

CHANGES TO RULE:
~~PART XII – MULTNOMAH COUNTY ADULT CARE HOME RULES FOR DEVELOPMENTAL DISABILITY SERVICES DIVISION (DDSD) HOMES~~
~~**023-120-100** AUTHORITY AND PURPOSE (DDSD)~~
~~**120-105** Adult care homes in Multnomah County that serve or intend to serve adult individuals who are receiving services from the Developmental Disabilities Services Division (DDSD) must apply for a license through the ACHP. [See MCAR 023-040-200]¶~~
~~**120-110** Homes that serve residents with developmental disabilities shall comply with the standards of this section (Part XII). Additionally, as stated in MCAR 023-010-130, adult care homes in Multnomah County that serve or intend to serve residents whose placements and services are authorized by DDSD must comply with all MCAR (with the exception of Part XI and XIII). To the extent that Part XII contradicts any other part of the MCAR, Part XII shall control the responsibilities of Operators serving residents whose placements and services are authorized by DDSD.¶~~
~~**023-120-200** DEFINITIONS (DDSD)¶~~
~~**120-205** For homes serving residents who are receiving services from DDSD, the following terms shall be defined as found below:¶~~
~~(1) Adult - an individual who is 18 years or older, with an intellectual or developmental disability, and who is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a DDSD community program or facility.¶~~
~~(2) Behavior Support Plan (BSP) - the written strategy, based on person-centered planning and a functional assessment that outlines specific instructions for an Operator or provider to follow in order to reduce the frequency and intensity of the challenging behaviors of a resident and to modify the behavior of the Operator or provider, adjust environment, and teach new skills.¶~~
~~(3) Career Development Plan - the part of an ISP that identifies the employment goals and objectives for an individual; the services and supports needed to achieve those goals; the people, agencies, and providers assigned to assist the individual to attain those goals; the obstacles to the individual working in an individualized job in an integrated employment setting; and the services and supports necessary to overcome those obstacles.¶~~
~~(4) Community Developmental Disabilities Program (CDDP) - the entity that is responsible for plan authorization, delivery, and monitoring of services for individuals who are not enrolled in a Brokerage. In Multnomah County the CDDP is the Multnomah County Developmental Disabilities Division.¶~~
~~(5) Developmental Disability (DD) - a neurological condition that:¶~~
~~(a) Originates before the individual reaches the age of 22 years, except that in the case of intellectual disability, the condition must be manifested before the age of 18.~~
~~(b) Originates in and directly affects the brain and has continued, or must be expected to continue, indefinitely.¶~~
~~(c) Constitutes a significant impairment in adaptive behavior as diagnosed by a qualified professional as described in OAR 411-320-0080.¶~~
~~(d) Is not primarily attributed to other conditions including, but not limited to, a mental or~~

~~emotional disorder, sensory impairment, motor impairment, substance abuse, personality disorder, learning disability, or Attention Deficit Hyperactivity Disorder (ADHD).~~
~~(c) Requires training and support similar to an individual with an intellectual disability as described in OAR 411-320-0080.¶~~
~~(6) Functional Needs Assessment – a comprehensive assessment or re-assessment that documents the physical mental, and social functioning; identifies risk factors and support needs; and determines service level. A functional needs assessment may be the Support Needs Assessment Profile (SNAP) or the Adult Needs Assessment (ANA).¶~~
~~(7) Individualized Education Program - the written plan of instructional goals and objectives developed in conference with an individual less than 21 years of age, the parent or representative of the individual (as applicable), teacher, and a representative of the public school district.¶~~
~~(8) Individual Support Plan (ISP) - includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal goals and health and safety. The ISP reflects services and supports that are important for the individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for providers, delivery, and frequency of services and supports. The ISP is the Person Centered Care Plan for Medicaid purposes and may include the Behavioral Plan, Career Development Plan, or an Individualized Education Program.¶~~
~~(9) Individual Support Plan Team (ISP Team) - a team composed of an individual receiving services, the legal or designated representative of the individual (as applicable), the resident's services coordinator, and others chosen by the individual, or as applicable the representative of the individual, such as providers and family members.¶~~
~~(10) Skills Training - the hourly service that is intended to increase the independence of an individual through training, coaching, and prompting the individual to accomplish ADL, IADL, and health-related skills. Skills training is available through the Community First Choice State Plan Amendment.¶~~
~~(11) Support Needs Assessment Profile (SNAP) - see the definition for Functional Needs Assessment.¶~~
~~**023-120-300** LICENSING, APPLICATIONS, AND EXCEPTIONS (DDSD)¶~~
~~**120-30**5 All license applications must include written disclosure of founded reports of child abuse or substantiated abuse allegations with dates, locations, and resolutions of those reports for all persons living in the home, as well as all applicant or provider employees, independent contractors, and volunteers.¶~~
~~1**20-310** A Limited License may be issued to an applicant who meets the qualifications and fulfills the requirements of MCAR 023-040-500. Additionally, Limited License applicants may be required to complete additional training necessary to meet the specific needs of the individual.¶~~
~~**120-315** Adult care homes that serve individuals whose placements and services are authorized by Multnomah County Developmental Disabilities Services (DDSD) shall be classified as Class 1, Class 2B, or Class 2M as those terms are defined in MCAR 023-041-100. The homes' classification will be determined by the ACHP at the time of initial licensing. The classification will be examined at each license renewal and may be changed as determined by the ACHP.¶~~
~~**120-320** Notwithstanding the requirements of MCAR 023-070-810 and in compliance with 023-050-100, a resident with developmental disabilities or cognitive or psychological impairments who has an Individual Support Plan (ISP) approved by the appropriate county~~

~~services coordinator and approved by written exception from the ACHP may be left alone in the home for the length of time specified by the ACHP in the written exception.¶~~
~~**023-120-400** STANDARDS FOR OPERATORS, RESIDENT MANAGERS, SHIFT MANAGERS, AND CAREGIVERS (DDSD)¶~~
~~**120-405** An ACHP-approved basic training in compliance with MCAR 023-070-605 is required for all Operators, Resident Managers, and caregivers in compliance with ORS 443.738. Operators and all providers will satisfactorily pass an ACHP-approved qualifying test that meets the requirements of MCAR 023-070-705 before being licensed or becoming a Resident Manager or caregiver. The test will be completed without the help of any other person.¶~~
~~**120-410** All Operators and providers shall complete at least 12 hours of DHS-approved continuing education training annually. Class 2B and 2M Operators, Resident Managers, and Shift Managers shall complete at least 14 hours of continuing education annually. Continuing education shall be DHS-approved and related to the care of adults with developmental disabilities. The minimum training hours must be completed within the 12-month license year. Operators shall ensure that documentation of training is maintained in the home's business records and submitted with provider annual renewal applications. [See MCAR 023-070-600]¶~~
~~**120-420** Operators, Resident Managers, and Shift Managers, if applicable, must comply with all requirements for the classification level of the home as set forth in MCAR 023-041-100. Failure to maintain the standards for a classification may result in sanctions if deemed appropriate.¶~~
~~**120-425** Operators and providers in homes serving residents with developmental disabilities shall not have any founded reports of child abuse or a substantiated abuse allegation.¶~~
~~**120-430** Operators of homes serving residents with developmental disabilities shall maintain completed employment applications which ask if the applicant has ever been found to have committed abuse. [See MCAR 023-040-213]¶~~
~~**023-120-500** BASIC CARE (DDSD)¶~~
~~**120-505** All decisions regarding resident's case managed by DDSD and residing in homes licensed for developmental disabilities will be guided by the ISP process and made in consultation with the ISP team for each individual resident.¶~~
~~**120-510** An Operator shall complete a screening on the ACHP-approved form for any new resident and must document attempts to obtain from DDSD the following:¶~~
~~(a) A copy of the eligibility determination document.¶~~
~~(b) A statement indicating the safety skills, including the ability of the resident to evacuate from a building when warned by a signal device and adjust water temperature for bathing and washing.¶~~
~~(c) A brief written history of any behavioral challenges, including supervision and support needs.¶~~
~~(d) A medical history and information on health care supports that includes, when available, the results of the most recent physical exam, the results of any dental evaluation, a record of immunizations, a record of known communicable diseases and allergies, and a record of major illnesses and hospitalizations.¶~~
~~(e) A written record of any current or recommended medications, treatments, diets, and aids to physical functioning.¶~~
~~(f) Copies of documents relating to the guardianship, conservatorship, health care representation, power of attorney, or any legal restrictions on the rights of the resident (if applicable).¶~~

(g) A copy of the most recent Behavior Support Plan and assessment, ISP or Service Agreement, Nursing Service Plan, and Individualized Education Program (if applicable).¶
(h) Copies of protocols, the risk tracking record, and any support documentation (if available).¶
120-515 An Operator must participate in an entry meeting prior to the resident being admitted to the home as required by the services coordinator.¶
120-518 Operators of DD homes shall cooperate with the ISP team and respond to ISP team requests within 14 days of receipt.¶
120-520 Operators of DD homes shall participate in the development of the ISP with the ISP team or obtain a copy of a health and safety transition plan for the first 60 days of service or obtain a copy of the ISP for each resident upon admission. Additionally:¶
(a) A provider of a Class DD 2B home must have an entry plan for each resident upon entry that addresses the individual's support and service needs. A Behavior Support Plan, if needed, must be implemented within 120 days of the resident's placement that emphasizes the development of functional, alternative, and positive approaches to behavior intervention; uses the least intervention possible; ensures that abusive or demeaning intervention is never used; and is evaluated by an ISP Team through review of specific data at least every six months to assess the effectiveness of the Plan.¶
(b) An Operator of a Class 2M DD home must have an entry plan for each resident upon entry that addresses the resident's support and service needs. The Operator shall develop, with an individual's ISP Team, a Medical Support Plan within 30 days of the resident's placement, and whenever there is a change in the resident's health status.¶
120-525 Each resident shall have a current Individual Support Plan (ISP) available on the premises. The resident's ISP shall be prepared by the ISP Team, which shall include the Operator when requested by the resident. The team shall address each resident's support needs, summarize additional service provider supports, and prepare an ISP for the resident. An ISP shall be developed at the time of admission and updated annually or whenever the resident's condition changes. It shall describe the resident's needs and capabilities including by whom, when, and how often care and services will be provided. The ISP shall include at least six hours of activities each week which are of interest to the resident, not including television or movies made available by the provider. Specific information in the ISP shall include:¶
(a) The ADL the resident is able to do without assistance, the ADL the resident needs assistance with, and the ADL the resident may be able to do more independently with encouragement and training.¶
(b) Implementation strategies, such as action plans, for desired outcomes or goals.¶
(c) Necessary protocols or plans that address health, behavioral, safety, and financial supports.
(d) A summary of the provider risk management strategies in place, including title of document, date, and where the document is located.¶
(e) Any mental or physical disabilities or impairments relevant to services needed by the resident.¶
(f) The ability of the resident to exit from the ACH in an emergency and the time required to exit.¶
(g) A Nursing Service Plan, if applicable, including instruction and documentation of tasks delegated to the Operator by a registered nurse, with the name and license number of the delegating registered nurse.¶
(h) Other documents required by the ISP Team, including but not limited to a Behavior Support

~~Plan, Career Development Plan, Functional Needs Assessment, Individualized Education Program, or Mental health Assessment.¶~~
~~(i) Dates of review and signature of person(s) preparing the ISP.¶~~
~~**120-530** Prior to development of an ISP and in preparation for an ISP meeting the operator shall collect and summarize a one-page profile reflecting, at a minimum, information gathered by the Operator; person-centered information reflecting, at a minimum, information gathered by the operator; and information about known, identified serious risks.¶~~
~~**120-535** Any decision to develop a plan to alter the behavior of a resident shall be made by the ISP Team. Operators shall implement a Behavior Support Plans as developed by a qualified Behavior Consultant. If an ISP Team authorizes development of a Behavior Support Plan or interaction guidelines, the Operator shall:¶~~
~~(a) Participate as requested by the Behavior Consultant.¶~~
~~(b) Keep a complete and accurate copy of the Behavior Support Plan.¶~~
~~(c) Ensure that all providers are aware of and able to implement the Behavior Support plan when needed.¶~~
~~(d) Not alter the Behavior Support Plan in any way.¶~~
~~120-540 Prior to the development of a formal Behavior Support Plan, a functional behavioral assessment shall be conducted. The operator shall assist in the development of the behavioral assessment as determined by the ISP team.¶~~
~~**120-545** An Operator shall maintain written evidence that the resident, the resident's representative, if applicable, and the ISP team are aware of the development of a Behavior Support Plan and any objections or concerns must be documented.¶~~
~~**120-560** Operators shall ensure that each resident receives a medical evaluation by a licensed health care provider no less than every two years or as recommended by the licensed health care provider.¶~~
~~**120-565** When psychotropic medication is first prescribed and annually thereafter, the Operator must obtain a signed balancing test from the resident's prescribing licensed health care professional using the ACHP-approved Balancing Test Form or by inserting the required form content into the Operator's forms. Operators must present the physician or prescribing licensed health care professional with a full and clear description of the behavior and symptoms to be addressed, as well as any side effects observed. Signed copies of the balancing test shall be kept in the resident's record for seven years.¶~~
~~**120-570** PRN (as needed) psychotropic medication orders are not permitted.¶~~
~~**120-575** Whenever possible, Operators shall obtain all prescription medications for a resident, except samples provided by the prescribing licensed health care professional, from a single pharmacy that maintains a medication profile for the resident. The Operator shall document in the resident's record the reason when all medications are not provided through a single pharmacy.¶~~
~~**120-580** When nursing services, including community nursing services, private duty nursing, or direct nursing services, are provided to an individual, the Operator shall coordinate with the registered nurse and the ISP team to ensure that the nursing services are sufficient to meet the health needs of the resident and shall implement the Nursing Service Plan, or appropriate portions therein, as agreed upon by the ISP team and registered nurse. A Nursing Service Plan is required when DHS funds are used and a services coordinator must authorize the provision of services as identified in the ISP when private duty nursing is allocated.¶~~

120-585 An Operator of a home licensed DD may provide direct nursing or private duty nursing services to residents in the home when more than one resident in the home requires direct nursing or private duty nursing services and the resident or the resident's representative chooses the Operator to provide the care. The decision shall not be for the convenience of the Operator. The Operator shall meet the qualifications to provide direct nursing or private duty nursing services and the requirements as an enrolled Medicaid Provider, with a separate and distinct Medicaid provider number. [See OAR 411-380- 0060]¶

120-590 While delivering a direct nursing or private duty nursing services singularly to an eligible resident in the home, the Operator shall ensure the needs of other residents in the home are met, up to and including additional staffing, such as resident managers, caregivers, or additional nurses in the home. Documentation must record staffing coverage. To ensure the health and safety of residents with medically complex conditions, an Operator delivering direct nursing services in the home is limited to 40 total hours per week of direct nursing services.¶

120-595 Homes licensed DD shall only employ protective physical intervention techniques that are included in the current approved Oregon Intervention System (OIS) curriculum or as approved by the OIS Steering Committee.¶

(a) Protective physical intervention techniques shall only be applied:¶

(1) When the health and safety of the individual and others is at risk, and the ISP team has authorized the procedures as documented by an ISP team decision, the procedures are included in the ISP, and the procedures are intended to lead to less-restrictive intervention strategies.¶

(2) As an emergency measure, if absolutely necessary to protect the individual or others from immediate injury.¶

(3) As a health-related protection prescribed by a physician, if absolutely necessary during the conduct of a specific medical or surgical procedure, or for the individual's protection during the time that a medical condition exists.¶

(b) The Operator and all other providers shall be trained by an instructor certified in the OIS when they support residents who have a history of behavior that may require the application of protective physical intervention and the ISP Team has determined that there is probable cause for future application of protective physical intervention. Documentation verifying such training must be maintained in the personnel file of all providers.¶

(c) The Operator shall obtain the approval of the OIS Steering Committee for any modification of standard OIS protective physical intervention technique(s). The request for modification of protective physical intervention technique(s) must be submitted to the OIS Steering Committee and must be approved in writing by the OIS Steering Committee prior to the implementation of the modification. Documentation of the approval must be maintained in the resident's record.¶

(d) Use of protective physical intervention techniques that are not part of an approved plan of behavior support shall only be used in emergency situations. Use shall be reviewed by the Operator, Resident Manager, or designee within one hour of application and be used only until the individual is no longer an immediate threat to self or others. Use of protective physical interventions require submission of an incident report to the services coordinator, or other DDSD designee (if applicable) and personal agent (if applicable) no later than one working day after the incident has occurred. An ISP Team meeting is required if an emergency intervention is used more than three times in a six-month period.¶

(e) Any use of protective physical intervention(s) must be documented in an incident report. The

report shall include the name of the resident to whom the protective physical intervention was applied; the date, type, and length of time the protective physical intervention was applied; a description of the incident precipitating the need for the use of the protective physical intervention; documentation of any injury; the name and position of the caregiver(s) applying the protective physical intervention; the name(s) and position(s) of the caregivers witnessing the protective physical intervention; and the name and position of the person conducting the review of the incident that includes the follow-up to be taken to prevent a recurrence of the incident.¶
(f) A copy of the incident report must be forwarded within five working days of the incident, to the services coordinator or DDSD designee (if applicable) unless the protective physical intervention results in an injury. DDSD must be immediately notified of any protective physical interventions resulting in an injury, and a copy of the incident report must be forwarded within one working day of the incident to the services coordinator or DDSD designee. Copies of incident reports not associated with protective service investigations will be provided to the resident's legal guardian (if applicable) within the timeframes specified above.¶
023-120-600 STANDARDS FOR OPERATION (DDSD)¶
120-605 In addition to the records referenced in MCAR 023-090-200, the resident records in DD homes shall contain:¶
(a) In addition to the medical information records referenced in MCAR 023-090-220(d), an Operator shall maintain and keep current records on each resident to aid physicians, licensed health care providers, DDSD, and the ACHP in understanding the medical history of each resident. Such documentation shall include:¶
(1) A record of visits and appointments to licensed health care providers that includes documentation of the consultation, any treatment provided, and any follow-up reports provided to the provider.¶
(2) Documentation of the consent from the representative of the individual for medical treatment that is not routine, including surgery and anesthesia.
(3) Copies of previous mental health assessments and assessment updates, including multi-axial DSM diagnosis, treatment recommendations, and progress records for mental health treatment services.¶
(b) In the event of unusual incidents, a written incident report shall be completed as described in MCAR 023-090-220(h). Incident reports for DDSD consumers shall be forwarded to the DDSD services coordinator within five working days, except in the case of abuse allegations (see MCAR 023-120-805) or use of protective physical intervention (see MCAR 023-120-595). The Operator shall complete documentation in resident progress notes of the services coordinator notification and response.¶
120-610 In addition to the requirements for the Emergency Preparedness Plan discussed in MCAR 023-100-865, Emergency Preparedness Plans for DD homes shall include:¶
(a) The physical description of the resident, which may include a picture of the resident with the date the picture was taken, and identification of the race, gender, height, weight range, hair, and eye color of the resident. It may include any other identifying characteristics that may assist in identifying the resident, such as marks or scars, tattoos, or body piercings.¶
(b) Information on the abilities and characteristics of the resident including how the resident communicates, the language the resident uses and understands, the ability of the resident to know how to take care of bodily functions, and any additional information that may assist a person not familiar with the resident to understand what the resident can do independently.

(c) The health support needs of the resident including diagnosis; allergies or adverse drug reactions; health issues that a person needs to know when taking care of the resident; special dietary or nutritional needs, such as requirements around textures or consistency of foods and fluids; food or fluid limitations due to allergies, diagnosis, or medications the resident is taking that may be an aspiration risk or other risk; additional special requirements the resident has related to eating or drinking, such as special positional needs or a specific way foods or fluids are given; physical limitations that may affect the ability of the resident to communicate, respond to instructions, or follow directions; and specialized equipment needed for mobility, positioning, or other health-related needs.¶
(d) The emotional and behavioral support needs of the resident, including mental health or behavioral diagnosis and the behaviors displayed by the resident; and approaches to use when dealing with the resident to minimize emotional and physical outbursts.¶
(e) Any court-ordered or guardian-authorized contacts or limitations.¶
(f) The supervision requirements of the resident and why.¶
120-615 The Operator shall not admit any child, including a foster child, or an adult without developmental or intellectual disabilities, prior to obtaining written permission from each contracting agency with clients already in the home and the written permission of the ACHP. The Operator must notify DDSD prior to admitting a child or an adult not referred for placement by DDSD. Operators who currently have residents served by more than one public human service agency within the Department of Human Services or Oregon Health Authority shall obtain written permission from each contracting agency with clients already in the home prior to any new admission. Additionally, the Operator shall notify each contracting agency, whose residents already are residents in the home, at least five business days prior to admitting private pay residents.¶
023-120-700 STANDARDS FOR ADULT CARE HOMES (DDSD)¶
120-705 Ladders, rope, chain ladders, and other devices may not be used as a secondary means of egress.¶
120-708 Any home that intends to provide ventilator care to residents must have a functional, emergency back-up generator. The generator must be adequate to maintain electrical service for resident needs for a minimum of 72 hours (see MCAR 023-100-905 for additional information if storing gasoline). In addition, the Operator must ensure that:¶
(a) If hard-wired, standby generators are installed by a licensed electrician.¶
(b) Back-up generators must be tested monthly and the test must be documented in the business records.¶
(c) All caregivers know how to operate the back-up generator without assistance and are able to demonstrate its operation upon request by the ACHP.¶
120-710 The requirements for medical marijuana in DD home include:¶
(a) Marijuana shall not be grown in or on the premises of any DD home.¶
(b) Residents with Oregon Medical Marijuana Program (OMMP) registry cards must arrange for and obtain their own supply of medical marijuana from a designated grower as authorized by OMMP. The Operator, the caregiver, other employee, or any occupant in or on the premises shall not be designated as the resident's grower and shall not deliver marijuana from the supplier.¶
(c) Resident use of medical marijuana must comply with ORS 475.300 to 475.346.¶
(d) No more than 28 grams of marijuana at a time may be stored on the ACH premises per card

~~holder. Each 28 grams, as needed, must be packaged in an airtight container clearly dated and labeled with the total amount in grams and the name of the OMMP card holder. The container must be stored in a locked cabinet as is done with all controlled medications.¶~~
~~(e) A resident must self-administer medical marijuana by ingesting the marijuana, applying marijuana topically, or inhaling the marijuana with a vaporizer. Smoking marijuana on the premises of an ACH is prohibited. Marijuana, when ingested, must be administered privately in a room that is not shared with another person. The resident may not have visitors, other individuals, or any other person in this private space while self-administering the medical marijuana.¶~~
~~(f) A provider or occupant in the home shall not prepare or in any way assist with the administration or procurement of a resident's marijuana. The provider shall monitor the resident's usage of medical marijuana and shall document each administration on the resident's MAR as to dosage in grams as weighed on a scale, date, and time of day.¶~~
~~(g) If a provider also has an OMMP card for medical purposes, another provider shall be available to support the residents when the provider is under the influence of the medical marijuana. Any OMMP card holder in or on the premises of the home must not smoke marijuana in or on the premises of the home but may ingest the marijuana or inhale the marijuana with a vaporizer.¶~~
~~**120-715** Prior to using medical marijuana in a DD home, the resident shall sign an agreement that the resident understands the requirements of MCAR 023-120-710 and that the resident must immediately notify the OMMP of any change in status, a copy of OMMP registry card with any updates for the resident must be made available to the Operator for the resident's record, and failure to comply with Oregon laws, Oregon rules, or the Residency Agreement of the adult care home may result in additional action.¶~~
~~**023-120-800** COMPLAINT INVESTIGATIONS AND ADMINISTRATIVE SANCTIONS (DDSD) ¶~~
~~**120-805** Operators, Resident Managers, and caregivers shall report suspected abuse in accordance with MCAR 023-140-100. Operators and providers shall not, in the act of reporting allegations of abuse or neglect, conduct their own internal investigations with intent to gather details of alleged incidents in order to determine for themselves whether the allegation can be substantiated. Operators and providers shall instead report such allegations immediately to DDSD and, if there is concern that a crime has been committed, they also must report to the local law enforcement agency immediately. The appropriate agencies will investigate and determine whether an allegation can be substantiated. It is the Operator's responsibility in situations where such allegations have been made to place emphasis on ensuring the health and safety of the residents.¶~~
~~**120-810** The ACHP will notify DDSD when administrative action has been taken in regards to a DD home.¶~~

AMEND: 023-130-505, 023-130-510, 023-130-515, and 023-130-520

SUMMARY: These changes update care plan regulations for BH licensed homes requiring resident/representative signature prior to implementation (informed consent), requiring review with resident and signature (or initial) indicating consent prior to implementation of an updated plan, clarify documentation standards for review and update of the care plan, clarify ACH staff review of care plan and updates prior to providing care to residents, and streamline existing

language.

CHANGES TO RULE:
PART XIII – MULTNOMAH COUNTY ADULT CARE HOME RULES FOR BEHAVIORAL HEALTH DIVISION (BHD) HOMES
023-130-500 BASIC CARE (BHD)
130-505 The initial care plan will be developed within 24 hours of admission to the adult care home. The document must address the care and services to be provided for a resident during the first 14 days or less until the Care Plan can be developed. At a minimum the initial care plan must contain goals that address the following: Immediate health care support needs, medication management issues, safety and supervision needs, activities of daily living that the resident needs assistance with completing as well as any pertinent information as required by the case manager or their designee at the time of the admission. The initial care plan must be reviewed with and signed and dated by the resident and/or their legal guardian indicating informed consent to the services and supports described within the plan.¶
130-510 The Operator will develop the Care Plan together with the resident and/or~~, as appropriate,~~ the resident's legal representative, and as appropriate, the resident's case manager, mental health treatment provider, physician, nurse, and, with the documented consent of the resident, any other appropriate people. Development of the care plan must~~shall~~ include information from the screening assessment of the resident. The intent of the care plan is to accurately reflect the resident's care needs and implement and document the provider's delivery of services.¶
130-515 During the initial 14 days following the resident's admission to the home, the Operator is required to~~shall~~ continue the assessment process which~~that~~ includes documenting the resident's preferences and care needs. The assessment must~~shall~~ include observations of the resident and review of information obtained from the screening assessment process. The resident care plan must~~shall~~ be finalized and implemented by the Operator within 14 days of admission to the home. ~~The care plan shall be signed by those who have prepared the plan.~~ Prior to implementation, the care plan must be signed and dated by the Operator and others involved in the development of the plan; and must be signed and dated by the resident and/or their Legal Representative, indicating informed consent to the services described within the plan. Consent may be revoked verbally or in writing at any time. Additionally, all new and/or updated plans must be reviewed and signed by each provider/caregiver prior to providing care to residents.¶
130-520 A resident's care plan must~~shall~~ be reviewed and rewritten annually. Additionally, the care plan must be reviewed by the care plan team~~the care plan for a resident will be reviewed and updated by the care plan team~~ whenever the resident's care needs change and at minimum~~least~~ every 6 months. ~~All updates must be dated and signed by the Operator.~~ Residents must be included in the care plan reviews described in this section. At the time of review, the care plan must be updated as needed. Care plan reviews and updates must be documented as follows:¶
(a) Reviews: Care plan reviews must be documented in the resident record. Documentation must note the date of the review, whether or not the review resulted in an update to the plan, decisions made during the review or other significant review topics, and who was present during the review (e.g. Operator, resident, legal representative, other ACH staff members, case

manager.)¶
(b) Updates: All written-in additions or deletions must be dated and signed/initialed by the Operator and resident or their legal representative; and all individuals involved in the plan's update must sign and date the care plan's final signature page.¶
(c) Consent: The resident's and/or legal representative's signature indicates informed consent to services, supports, and limitations as described. Informed consent is required prior to implementation of any initial or updated care plan. A resident/legal representative's consent may be revoked either verbally or in writing at any time.¶
(d) Care staff review: Following the implementation of an initial, 14-day, or updated care plan, the Operator must ensure that all providers/caregivers review and sign the plan prior to providing care to residents.¶
(e) Legibility: Care plans must be fully legible at all times. ~~and i~~If a care plan contains ~~many~~ changes ~~and becomes less legible~~ that render it difficult to read or understand, a new care plan must be written. ~~The Operator shall review care plans with the resident and/or a representative at least once each year. This review shall be documented in the resident's records.~~¶

AMEND: 023-140-225

SUMMARY: Remove "DDSD" reference.

CHANGES TO RULE:
PART XIV – ABUSE, NEGLECT, AND EXPLOITATION; ABUSE REPORTING; AND COMPLAINTS, COMPLAINT INVESTIGATIONS, AND NOTIFICATION OF FINDINGS
023-140-200 ABUSE REPORTING
140-225 Per ORS 430.755, any provider who retaliates against any person receiving services through ~~DDSD or~~ BHD 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: 023-140-320

SUMMARY: Update OAR abuse investigation references.

CHANGES TO RULE:
PART XIV – ABUSE, NEGLECT, AND EXPLOITATION; ABUSE REPORTING; AND COMPLAINTS, COMPLAINT INVESTIGATIONS, AND NOTIFICATION OF FINDINGS
023-140-300 COMPLAINTS AND COMPLAINT INVESTIGATIONS
140-320 The protective services agencies ~~shall~~ investigates complaints of abuse and neglect in accordance with their protective service rules:¶
(a) Adult Protective Services (APS) ~~shall~~ investigates complaints in accordance with adult protective services rules in OAR chapter 411, division 20.¶
(b) The IDDSD Abuse Investigations Team and Behavioral Health Adult Protective Services Program ~~shall~~ investigate complaints in accordance with OAR 419-100-0000 through 419-100-0120~~407-045-0250 through 407-045-0360~~.¶
~~(c) The Adult Protective Services Mental Health shall investigate complaints in accordance with OAR 943-045-0250 through 943-045-0370.~~¶

AMEND: 023-140-490

SUMMARY: Remove reference to IDD-specific “services coordinator”

CHANGES TO RULE:
PART XIV – ABUSE, NEGLECT, AND EXPLOITATION; ABUSE REPORTING; AND COMPLAINTS, COMPLAINT INVESTIGATIONS, AND NOTIFICATION OF FINDINGS
023-140-400 NOTIFICATION OF FINDINGS
140-490 Upon receipt of a report that substantiates abuse for victims covered by ORS 443.875, the home must provide written notice of the findings to the individual found to have committed abuse, the residents of the home, the residents’ case managers~~/services coordinators~~, and the residents’ representatives within five days of receiving the completed report.¶

AMEND: 023-160-425

SUMMARY: Remove reference to IDD-specific “services coordinator”

CHANGES TO RULE:
PART XVI – SANCTIONS
023-160-400 SUSPENSION
160-425 In the event the license is suspended or a threat to resident safety is identified, the ACHP shall notify the resident, the resident's representative or family, as appropriate, the case manager~~/services coordinator~~, and other persons involved in resident care. For protection of the residents, the ACHP may assist in arrangements for them to move.¶

AMEND: Appendix I

SUMMARY: Update Activities of Daily Living section to correspond to current OAR language. [This is a resource section of the rule and is not used for citation or corrective action.]

CHANGES TO RULE:
APPENDIX I — ACTIVITIES OF DAILY LIVING
(1) Activities of Daily Living (ADL) - those personal functional activities required by an individual for continued well-being that are essential for health and safety. For the purposes of these rules, ADL consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting and bowel/bladder management), and cognition/behavior.¶
(2) Evaluation of the individual's needs for assistance in activities of daily living is based on:¶
(a) The individual's ability to complete activities and tasks rather than the services provided.¶
(b) How the individual functioned during the 30 days prior to the assessment date, with consideration of how the person is likely to function in the 30 days following the assessment date.¶
(c) Evidence of the actual or predicted need for assistance of another person within the assessment timeframe and it cannot be based on possible or preventative needs.¶
(3) Assistance Types needed for activities of daily living and instrumental activities of daily living include, but are not limited to the following terms:¶

(a) Cueing - giving verbal or visual clues during an activity to help an individual complete the activity without hands-on assistance.¶
(b) Hands-on - a provider physically performs all or parts of an activity because an individual is unable to do so.¶
(c) Monitoring - a provider must observe an individual to determine if intervention is needed.¶
(d) Reassurance - to offer an individual encouragement and support.¶
(e) Redirection - to divert an individual to another more appropriate activity.¶
(f) Set-up - getting personal effects, supplies, or equipment ready so that an individual may perform an activity.¶
(g) Stand-by - a provider is at the side of an individual ready to step in and take over the task if the individual is unable to complete the task independently.¶
(h) Support - to enhance the environment to enable an individual to be as independent as possible.¶
(4) Bathing/Personal Hygiene - Bathing/Personal Hygiene is comprised of two components~~activities~~ which are bathing and personal hygiene. To be considered Assist, the individual must require Assistance in Bathing or Full Assistance in Hygiene. To be considered Full Assist, the individual must require Full Assistance in Bathing:¶
(a) Bathing means the tasks of washing the body, washing hair, ~~using assistive devices if needed,~~ or getting in or out of a~~the~~ bathtub or shower, while using assistive devices if needed. For individuals who are confined to a bed, bathing is assessed without considering the need to get in or out of the bathtub or shower:¶
(A~~1~~) Assist: Even with assistive devices, requires assistance of another person for a task of bathing at least one day each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.¶
(B~~2~~) Full Assist: Even with assistive devices, the individual is unable to accomplish any task of bathing without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.¶
(b) Personal Hygiene means the tasks of shaving, caring for the mouth, or assistance with the tasks of menstruation care:¶
(A~~1~~) Assist: Even with assistive devices, the individual requires assistance of another person for a task of personal hygiene at least once ~~time~~ each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.¶
(B~~2~~) Full Assist: Even with assistive devices, the individual is unable to accomplish at least two personal hygiene tasks~~activities~~, without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks, every time the activity is attempted.¶
(5) ~~Cognition/Behavior means functions of the brain of adaptation, awareness, judgment/decision-making, memory, and orientation. Cognition/Behavior includes three components of behavioral symptoms: demands on others, danger to self or others and wandering:~~ Cognition/Behavior refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. There are four components to cognition: self-preservation, decision-making, ability to make one's self-understood, and unsafe behaviors. For purposes of this rule, assist levels are defined within each of the four components. For each assist level, individuals must have a documented history of actions or behaviors demonstrating

they need assistance with ensuring their health and safety.¶
(a) The individual's ability to manage each component of cognition/behavior is assessed by how the person would function without supports, meaning the assistance of another person, a care setting, or an alternative service resource as defined in OAR 411-015-0005. Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.
(b) The assessment timeframe in OAR 411-015-0008 of 30 days prior to the date of the assessment may be expanded when assessing cognition/behavior without supports. Documented ~~H~~history or incidents that occurred ~~in the past~~ more than 30 days prior to the assessment date may be considered if they demonstrate the need for assistance and that need would likely occur in the absence of existing supports~~negatively impacted health and safety in the past and are also current concerns that need to be addressed~~.¶
(c) An individual under age 65 with cognition or behavior assistance or full assistance needs based on a mental, ~~or~~ emotional, or substance abuse disorder does not meet the criteria for service eligibility per OAR 411-015-0015.¶
(d) To assess an individual as meeting the assist criteria for cognition/behavior, an individual must require: Substantial assistance in one of the four components of cognition/behavior; or minimal assistance in at least two of the four components of cognition/behavior. ~~An individual must require assistance in at least three of the eight components of cognition and behaviors to meet the criteria for assist in cognition and behaviors. An individual must require full assistance in three of the eight components to meet the criteria for full assistance in cognition and behaviors:~~¶
(e) To meet the criteria for full assist in cognition/behavior an individual must require: Full assistance in at least one of the four components of cognition/behavior; or Substantial Assistance in at least two of the four components.¶
~~(1) Adaptation is the ability to respond, cope, and adjust to major life changes such as a change in living situation or a loss (such as health, close relationship, pet, divorce. or a death):~~
~~(A) Assist: The individual requires reassurance from another person to cope with or adjust to change. Assistance involves multiple occurrences less than daily.¶~~
~~(B) Full Assist: The individual requires constant emotional support and reassurance or is unable to adapt to change. These are daily, ongoing occurrences.¶~~
~~(2) Awareness means the ability to understand basic health and safety needs (such as the need for food, shelter, and clothing):¶~~
~~(A) Assist: The individual requires assistance of another person to understand basic health and safety needs.¶~~
~~(B) Full Assist: The individual does not have the ability to understand those needs and requires daily, ongoing intervention by another person.¶~~
~~(3) Judgment means decision-making. It is the ability to identify choices and understand the benefits, risks, and consequences of those choices. Individuals who lack the ability to understand choices or the potential risks and consequences need assistance in decision-making. Judgment/Decision-making does not include what others might deem a poor choice:¶~~
~~(A) Assist: At least weekly, the individual needs protection, monitoring, and guidance from another person to make decisions.¶~~
~~(B) Full Assist: The individual's decisions require daily intervention by another person.~~
~~(4) Memory means the ability to remember and appropriately use current information impacting~~

~~the health and safety of the individual:¶~~
~~(A) Assist: The individual has difficulty remembering and using current information and requires reminding from another person.¶~~
~~(B) Full Assist: The individual is unable to remember or use information and requires assistance beyond reminding.¶~~
~~(5) Orientation means the ability to accurately understand or recognize person, place, or time to maintain health and safety:¶~~
~~(A) Assist: The individual is disoriented to person, place, or time and requires the assistance of another person. These occurrences are episodic during the week but less than daily.~~
~~(B) Full Assist: The individual is disoriented daily to person, place, or time and requires the assistance of another person.¶~~
~~(6) Danger to Self or Others means behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual:¶~~
~~(A) Assist: At least monthly, the individual is disruptive or aggressive in a non-physical way, agitated, or sexually inappropriate and needs the assistance of another person. These behavioral symptoms are challenging, but the individual can be verbally redirected.¶~~
~~(B) Full Assist: The individual has had more than one episode of aggressive, disruptive, agitated, dangerous, physically abusive, or sexually aggressive behavioral symptoms directed at self or others. These behavioral symptoms are extreme, may be unpredictable, and necessitate intervention beyond verbal redirection, requiring an individualized behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver.¶~~
~~(7) Demands on Others means behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers, or other residents:¶~~
~~(A) Assist: The individual's habits and emotional states limit the types of living arrangements and companions, but can be modified with individualized routines, changes to the environment (such as roommates or noise reduction), or general training for the providers that is not specific to the individual.¶~~
~~(B) Full Assist: The individual's habits and emotional states can be modified only with a 24-hour specialized care setting or an individualized behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver.¶~~
~~(8) Wandering means moving about aimlessly, or elopement, without relationship to needs or safety:¶~~
~~(A) Assist: The individual wanders within the home, but does not jeopardize safety.¶~~
~~(B) Full Assist: The individual wanders inside or outside and jeopardizes safety.¶~~
(f) The four components of cognition/behavior are:¶
(A) SELF-PRESERVATION. Self-Preservation means an individual’s actions or behaviors reflecting the individual's understanding of their health and safety needs and how to meet those needs. When assessing for cognition/behavior, self-preservation refers to an individual's cognitive ability to recognize and take action in a changing environment or a potentially harmful situation.¶
(i) Self-Preservation includes, but is not limited to an individual:¶
(I) Being oriented to their community and surroundings such that they can find their way to their home or care setting.¶
(II) Understanding how to safely use appliances.¶

(III) Understanding how to take their medications.¶
(IV) Understanding how to protect themselves from abuse, neglect, or exploitation.¶
(V) Understanding how to meet their basic health and safety needs.¶
(ii) Self-preservation does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences of their actions.¶
(iii) Self-preservation includes the following assistance types (see OAR 411-015-0005) unless otherwise indicated in the assist level:¶
(I) Cueing.¶
(II) Hands-on.¶
(III) Monitoring.¶
(IV) Reassurance.¶
(V) Redirection.¶
(VI) Support.¶
(iv) Minimal Assist: The individual needs assistance at least one day each month to ensure they are able to meet their basic health and safety needs because they are unable to act on the need for self-preservation or they are unable to understand the need for self-preservation. The need may be event specific.¶
(v) Substantial Assist: The individual requires assistance because they are unable to act on the need for self-preservation nor understand the need for self-preservation at least daily.¶
(vi) Full Assist: The individual requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual is not able to be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.¶
(B) DECISION-MAKING. Decision-making means an individual's ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions.¶
(i) Decision-making includes the following assistance types, unless otherwise indicated in the assist definitions:¶
(I) Cueing.¶
(II) Hands-on.¶
(III) Monitoring.¶
(IV) Redirection.¶
(V) Support.¶
(ii) Minimal Assist: The individual requires assistance at least one day each month with decision-making. The need may be event specific.¶
(iii) Substantial Assist: The individual requires assistance in decision-making and completion of ADL and IADL tasks at least daily.¶
(iv) Full Assist: The individual requires assistance throughout each day to make decisions, understand the tasks necessary to complete ADLs and IADLs critical to one's health and safety. The individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.¶
(C) ABILITY TO MAKE SELF-UNDERSTOOD. Ability to make self-understood means an

individual's cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology. An individual with a cognitive impairment in this component demonstrates an inability to express themselves clearly to the point their needs cannot be met independently.¶
(i) Ability to make self-understood does not include the need for assistance due to language barriers or physical limitations to communicate.¶
(ii) Ability to make self-understood includes the following assistance types, unless otherwise indicated in the assist definitions:¶
(I) Cueing.¶
(II) Monitoring.¶
(III) Reassurance.¶
(IV) Redirection.¶
(V) Support.¶
(iii) Minimal Assist: The individual requires assistance at least one day each month in finding the right words or in finishing their thoughts to ensure their health and safety needs. The need may be event specific.¶
(iv) Substantial Assist: The individual requires assistance to communicate their health and safety needs at least daily.¶
(v) Full Assist: The individual requires assistance throughout each day to communicate and is rarely or never understood and cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. Full assist includes hands on assistance in addition to or beyond the communication strategies and/or assistive technology included in paragraph (C). This does not include assistance types of support or monitoring.¶
(D) CHALLENGING BEHAVIORS. Challenging Behaviors means an individual exhibits behaviors that negatively impact their own, or others', health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions.¶
(i) Challenging behaviors include, but are not limited to, those behaviors that are verbally or physically aggressive and socially inappropriate or disruptive.¶
(ii) Challenging behaviors does not include the individual exhibiting behaviors when the individual understands the potential risks and consequences of their actions.¶
(iii) Challenging behaviors includes the following assistance types, unless otherwise indicated in the assist definitions:¶
(I) Cueing.¶
(II) Hands-on.¶
(III) Monitoring.¶
(IV) Redirection.¶
(iv) Minimal Assist: The individual requires assistance at least one day each month dealing with a behavior that may negatively impact their own or others' health or safety. The individual sometimes displays challenging behaviors, but can be distracted and is able to self-regulate behaviors with reassurance or cueing. Minimal assist includes reassurance assistance.¶
(v) Substantial Assist: The individual requires assistance in managing or mitigating their behaviors at least daily. The individual displays challenging behaviors and assistance is needed

because the individual is unable to self-regulate the behaviors and does not understand the consequences of their behaviors.¶
(vi) Full Assist: The individual displays challenging behaviors that require additional support to prevent significant harm to themselves or others. The individual needs constant assistance to the level that the individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of monitoring.¶
(6) Dressing/Grooming: This is comprised of two componentsactivities: which are dressing and grooming. To be considered Assist, the individual must require assistance in dressing or full assistance in grooming. To be considered fFull aAssist, the individual must require full assistance in dressing:¶
(a) Dressing is comprised of three tasks; putting on clothing, taking off clothing, and putting on or taking off shoes and socks. This includes, but is not limited to, the consideration of an individual's ability to use clothing with buttons, zippers, and snaps, and reflects the individual's choice and reasonable preferences. means the tasks of putting on, taking off clothing or shoes and socks:¶
(A1) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of dressing without the assistance of another person at least one time each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.¶
(B2) Full Assist: Even with assistive devices, the individual is unable to accomplish any tasks of dressing without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.¶
(b) Grooming means tasks of nail and hair care based on the individual's reasonable personal preferences. This includes, but is not limited to, tasks of clipping and filing both toe nails and finger nails, and brushing, combing, braiding, or otherwise maintaining one's hair or scalp.:¶
(A1) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of grooming without the assistance of another person at least one time each week totaling four days per month. This means hands-on assistance for part of the task, cueing during the activity, or stand-by presence during the activity.¶
(B2) Full Assist: Even with assistive devices, the individual is unable to perform any tasks of grooming without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.¶
(7) Eating means the tasks of eating, feeding, or nutritional IV set up, or feeding tube set-up by another person and may include using assistive devices:¶
(a) Assist: When eating, the individual requires another person to be **within sight and** immediately available to actively provide hands-on assistance with feeding, special utensils, or immediate hands-on assistance to address choking, or cueing during the act of eating at least one time each week totaling four days per month during the assessment timeframe.¶
(b) Full Assist: When eating, the individual always requires one-on-one assistance through all tasks of the activity for direct feeding, constant cueing, or to prevent choking or aspiration every time the activity is attempted.¶
(8) Elimination: This is comprised of three componentsactivities which are Bladder, Bowel and

Toileting. To be considered Assist, the individual must require Assistance in at least one of the three componentsactivities. To be considered Full Assist the individual must require Full Assist in any of the three componentsactivities. Dialysis care needs are not assessed as part of elimination:¶
(a) Bladder means as the tasks of catheter care and ostomy care.¶
(A1) Assist: Even with assistive devices, the individual requires hands-on assistance with a task of bladder care inside the home or care setting at least one day each week totaling four days per month during the assessment timeframe.¶
(B2) Full Assist: The individual requires hands-on assistance of another person to complete all tasks of bladder care every time the task is attempted even with assistive devices.¶
(b) Bowel means the tasks of digital stimulation, suppository insertion, ostomy care, and enemas.¶
(A1) Assist: Even with assistive devices, the individual requires hands-on assistance with a task of bowel care inside the home or care setting at least one day each week totaling four days per month during the assessment timeframe.¶
(B2) Full Assist: The individual requires hands-on assistance of another person to complete all tasks of bowel care every time the task is attempted, even with assistive devices.¶
(c) Toileting means tasks requiring the hands-on assistance of another person inside the care setting to cleanse after elimination, change soiled incontinence supplies or soiled clothing, adjustremove clothing to enable elimination, or cue to prevent incontinence.¶
(A1) Assist: Even with assistive devices, the individual requires hands-on assistance with a task of toileting or cueing to prevent incontinenceinside the home or care setting at least one day each week totaling four days per month during the assessment timeframe.¶
(B2) Full Assist: The individual is unable to accomplish any task of toileting without the hands-on assistance of another person. This means the individual needs the assistance of another person through all tasks of the activity, every time the activity is attempted.¶
(9) Mobility: This is comprised of two componentsactivities, which are ambulation and transfer. In the mobility cluster only, assistance is categorized into three levels. To be considered Minimal Assist, the individual must require minimal assistance in ambulation. To be considered Substantial Assist, the individual must require substantial assistance with ambulation or an assist with transfer. To be considered Full Assist, the individual must require full assistance with ambulation or transfer:¶
(a) Mobility does not include getting in and out of a motor vehicle or getting in or out of a bathtub/shower.¶
(b) In mobility, for the purposes of this rule, inside the home or care setting means inside the entrance to the consumer's home or apartment unit or inside the care setting (as defined in OAR 411-015-0005). Courtyards, balconies, stairs, or hallways exterior to the doorway of the home or apartment unit that is not within a care setting are not considered inside.¶
(c) A history of falls with an inability to rise without the assistance of another person or with negative physical health consequences may be considered in assessing ambulation or transfer if occurring within the assessment timeframe. Falls previous to the assessment time frame or the need for prevention of falls alone, even if recommended by medical personnel, is not a sufficient qualifier for assistance in ambulation or transfer.¶
(d) Ambulation means the activity of moving around both inside and outside the home or care setting. This includes assessing the individual's needs after taking into consideration their level

of independence while using assistive devices such as walkers, canes, crutches, manual and electric wheelchairs, and motorized scooters. Ambulation does not include exercise or physical therapy.¶
(A~~1~~) Minimal Assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate outside the home or care setting at least once each week~~month~~, totaling~~but less than~~ four days per month. The individual requires hands-on assistance from another person to ambulate inside their home or care setting less than one day each week~~can ambulate inside their home or care setting without the assistance of another person~~.¶
(B~~2~~) Substantial Assist: Even with assistive devices the individual requires hands-on assistance from another person to ambulate inside their home or care setting at least one day each week totaling four days per month.¶
(C~~3~~) Full Assist: Even with assistive devices the individual requires hands-on assistance from another person to ambulate every time the activity is attempted. Individuals who are confined to bed are a full assist in ambulation.¶
(e) Transfer means the tasks of moving to or from a chair, bed, or wheelchair using assistive devices, if needed. This includes assessing an individual's ability to transfer from areas used on a daily or regular basis, such as sofas, chairs, recliners, beds, and other areas inside the home based on their reasonable personal preferences. When individuals are confined to their bed or a wheelchair, repositioning is also considered as a transfer task. ~~This includes repositioning for individuals confined to bed.~~ This assistance must be required because of the individual's physical limitations, not their physical location:¶
(A~~1~~) Assist: Even with assistive devices the individual requires hands-on assistance with a task of transferring inside the home or care setting at least one day each week totaling at least four days per month.¶
(B~~2~~) Full Assist: The individual requires hands-on assistance from another person every time the activity is attempted, even with assistive devices.¶

AMEND: Appendix III

SUMMARY: Remove DDSD references [This is a resource section of the rule and is not used for citation or corrective action.]

CHANGES TO RULE:
APPENDIX III — RECORD RETENTION REQUIREMENTS
Resident and adult care home business records are required to be maintained and available in the home for certain periods of time.¶
MCAR 023-090-225 All resident records shall be maintained in the home for a minimum of three years.~~, except for the following higher requirements:~~¶
~~(a) For all residents, i~~If the Operator acts as the resident's rep payee, any resident financial records shall be maintained for seven years. [See MCAR 023-090-220(I) and 023-090-225]¶
~~(b) For DDSD residents, signed copies of any balancing tests shall be maintained for seven years. [See MCAR 023-120-465]¶~~
MCAR 023-090-460 All adult care home business records shall be maintained in the home for a minimum of three years, including but not limited to well-water test results per MCAR

023-100-205 and evacuation drill records per MCAR 023-100-813.¶