

Cathy Cooper

Authorized Signature

Number: SPD-PT-10-009
Issue Date: 2/12/2010

Topic: Long Term Care

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- All DHS employees
 County Mental Health Directors
 Area Agencies on Aging
 Health Services
 Children, Adults and Families
 Seniors and People with Disabilities
 County DD Program Managers
 Other (please specify):

Policy/Rule Title:	OACCESS CAPS Client Details Risk Requirements		
Policy/Rule Number(s):	1915(c) Home and Community based Services Waiver	Release No:	
Effective Date:	Immediately	Expiration:	
References:	1915(c) Home and Community based Services Waiver		
Web Address:	http://www.oregon.gov/DHS/spd/qa/apd_waiver.pdf		

This transmittal will provide updated information on the following:

- Emergency plan requirements for Medicaid individuals receiving home and community based services and;
- Information that must be addressed when completing the Client Details, Risks section of the OACCESS Client Assessment Planning System (CAPS).

Discussion/Interpretation:

This transmittal replaces *Information Memorandum SPD-IM-03-121 Emergency Information in CAPS*. In accordance with the 1915(c) Home and Community based services waiver, Seniors and People with Disabilities (SPD) must assure the health and safety of Medicaid individuals residing at home and in other community based care settings, such as Adult Foster Homes (AFH), Residential Care Facilities (RCF) and Assisted Living Facilities (ALF).

SPD is working toward developing a comprehensive emergency preparedness

plan. The information in this transmittal is intended to provide and clarify current processes used for ensuring the health and safety for individuals receiving Medicaid services. To be better prepared, more information will continue to be developed to assist our most vulnerable populations should an emergency situation occur.

Contingency plans for emergencies and a mechanism to assure back-up care must be provided and documented when lack of immediate care would pose a serious threat to health and safety. Case managers have the responsibility to evaluate and document if individuals who live in their own home or in a Relative Adult Foster Home are at risk should a natural disaster, extreme weather, power outage or should a provider not be available to meet the care needs of the individual. Additionally, any risks or potential risks to the individual's health and safety identified in the assessment must be addressed. **These concerns must be documented in the Client Details, Risks section of CAPS. A back-up plan must be documented in the Plan/Comments section of Risks, if a provider is not available.**

Client Details, Risks section of CAPS-the following information must be addressed:

▶ **Risks**

- **Power Outage and Natural Disaster/Extreme Weather** are the only two risks that carry over to the CAPS Emergency Concerns Report.
- **Lack of Provider** – select when lack of immediate care would pose a risk to the individual. Document what poses the threat and any resources available to assist the client in the event care is not immediately available in the Plan/Comments section. For example:
 - An in-home care agency can be employed or an alternate homecare worker (HCW) on short notice if the primary care provider becomes ill or is suddenly no longer available.
 - Individuals in community-based services always retain the option of transferring from one community-based service to another or to receive nursing facility services as their service needs warrant.
- **None/Not at Risk** – select to indicate that the individual's risks and health and safety have been addressed.

▶ **Risk Reducing Factors**

- **Facility Responsibility** – All nursing and community based facilities, such as commercial Adult Foster Homes (AFH), Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) are required to have emergency plans and be able to respond appropriately to emergency situations at all times (this requirement excludes Relative Adult Foster Homes). Either select this factor when the facility is responsible for a specific risk **or** document in the Plan/Comments that the risks are the facility's responsibility.

- **Referral (Identify in Plan)** – select this factor along with the risks of Power Outage or Natural Disaster/Extreme Weather or if other Risks or Risk Reducing Factors need further clarification. The Plan/Comments must be completed whenever this selection is used.

► **Plan/Comments** – To be documented in this section:

- Identify the risks needing clarification.
- Identify how each risk is or is not going to be resolved.
- Explain the solutions offered to minimize the risk.
- After the risk has been discussed with the individual, document the individual’s ability to understand and accept or decline any plan or intervention. Identify which items were accepted and declined.
- Enter the name, address and phone number of the person that is assisting with the risk and how this person will be assisting the individual.
- Enter the back-up plan should a provider not be available.

CAPS2 Emergency Concerns Report

This report needs to be printed and posted in the local offices. Each office should develop a plan to assure all staff are aware of the individuals with special needs and actions to be taken in the event of an emergency.

Training/Communication Plan: None scheduled.

Local/Branch Action Required: To be in compliance with the 1915(c) Home and Community based services waiver:

- All CAPS Client Details, including the Risks section must be completed as appropriate for all individuals receiving Home and Community-Based care services and;
- The CAPS Emergency Concerns Report must be posted in the local offices.

Central Office Action Required: Provide technical assistance as needed.

Field/Stakeholder review: Yes No

If you have any questions about this policy, contact:

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