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**Authorized Signature**

**Number:** APD-PT-12-007  
**Issue Date:** 8/15/2012

**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):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                 | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families     | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers        | <input type="checkbox"/> Other (please specify):                         |

Policy/Rule Title:	Requirements and clarification of assessing, identifying, monitoring and documenting risks for clients receiving Title XIX in-home, CBC facility and nursing facility services		
Policy/Rule Number(s):	1915(c) Home and Community-Based Services Waiver	Release No:	
Effective Date:		Expiration:	
References:	1915(c) Home and Community-Based Services Waiver		
Web Address:	<a href="http://www.oregon.gov/DHS/spd/qa/apd_waiver.pdf">http://www.oregon.gov/DHS/spd/qa/apd_waiver.pdf</a>		

**Discussion/Interpretation:**

To ensure the needs of clients receiving Medicaid long term care services are in compliance with the 1915(c) Home and Community-Based Services waiver, this transmittal will provide procedures and clarification on:

1. Expectations around the role of the case manager in risk management;
2. Risk Assessment Worksheet and Guidelines used to determine client risk levels;
3. Frequency requirements for monitoring risks;
4. Use of ticklers for monitoring contacts;
5. Narration for each monitoring contact;
6. The new upgrade of the Risk section of the CAPS Client Details;
7. The CAPS 2 Emergency Concerns Report; and
8. CBC facility and nursing facility requirements.

**The following procedures** are located on the SPD Case Management Tools website at: [http://www.dhs.state.or.us/spd/tools/cm/capstools/risk\\_assmt.pdf](http://www.dhs.state.or.us/spd/tools/cm/capstools/risk_assmt.pdf)

1. **Expectations and role of the Case Manager in Risk Management for in-home clients is to;**
- a. Assess and identify risk factors of all clients receiving waived in-home services.
  - b. Work with each client to identify strategies to minimize or eliminate the identified risks. This includes developing and implementing service plans in an effort to ensure client safety.
  - c. Monitor the plan for effectiveness and determine if the plan is working. The case manager will determine the type of monitoring contact of either in-person or by phone. The frequency of contact is determined by the number and level of risks identified for each client.
  - d. Revise the service plan as necessary.
  - e. Continue to monitor and revise the service plan over time for effectiveness.

**This diagram demonstrates the continuous process of risk management:**



## **2. Risk Assessment Worksheet & Guidelines to determine client risk levels:**

- The direct web link to this worksheet and guidelines is posted on the [SPD Case Management Tools](http://www.dhs.state.or.us/spd/tools/cm/capstools/risk_assmt_form.pdf) website at:  
[http://www.dhs.state.or.us/spd/tools/cm/capstools/risk\\_assmt\\_form.pdf](http://www.dhs.state.or.us/spd/tools/cm/capstools/risk_assmt_form.pdf)
- Information was provided in the [“Risk Assessments, Monitoring and Documentations” Netlink presentation](#). This presentation is also posted on the [SPD Case Management Tools](#) website.
- **Reminder:** The guidelines on the website are very general and it is important to incorporate the risks specific to your client into the section which most appropriately applies to the client.

## **3. Frequency requirements for monitoring risks:**

Case managers are required to contact clients to monitor risks and plan strategies based on one the following need level criteria:

- All clients with no risk, low, or moderate risk factors must be contacted at least two (2) times per year. This will be all clients without any high risk factors.
- Clients with one (1) or two (2) high risk factors must be contacted at least quarterly throughout the year (minimum of 1 contact every three (3) months).
- Clients with three (3) or more high risk factors must be contacted at least monthly.

**NOTE:** Use the [Risk Assessment Worksheet and Guidelines](#) (discussed above) for determining the risk levels of High, Moderate, Low or No risk for each risk on this worksheet.

## **4. Use of ticklers for monitoring contacts:**

To ensure monitoring is achieved timely, the best practice is to manually set Oregon ACCESS ticklers as reminder contacts to ensure the client monitoring contacts occur. If Oregon ACCESS ticklers are not used, please ensure a system is in place and monitoring contacts are made.

## **5. Narration for each monitoring contact that occurs:**

For ease of locating narration documentation that is specific to monitoring contacts, please use the word “Monitoring” as the first word in the narration.

For example, “Monitoring: Follow-up phone call with client to discuss the risk of not accepting the full hours authorized, which would ensure the client needs are being met; client has agreed to accept additional hours. Will follow-up in 3 months to ensure the plan is working effectively.”

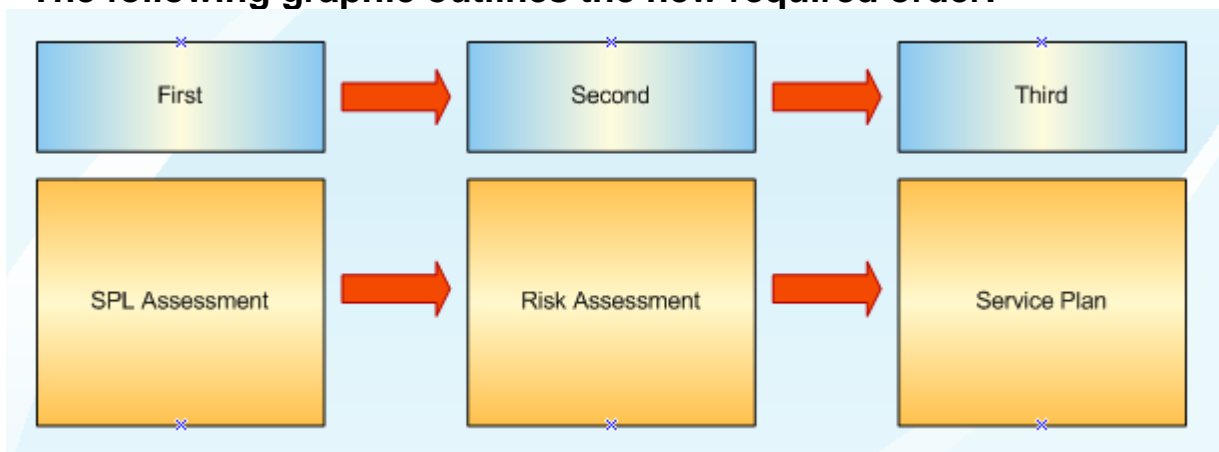
## 6. Upgrade of the Risk section of the CAPS Client Details:

- To save time and paper waste, it is strongly encouraged to directly enter Risks, Risk Reducing Factors and the client Plan/Comments directly into the Risk section of the CAPS Client Details. Along with entering a narration, the electronic risk record is all that is necessary for documentation.
- For the purpose of this CAPS upgrade, as long as the CAPS Title XIX assessment and service plan was completed prior to 7-16-12, it isn't necessary to immediately complete a new risk assessment. The old CAPS Risk section that was completed is sufficient documentation until another action or reassessment is needed in CAPS.
- **The CAPS system has edits which will not allow the case manager to set up service benefits for new clients and re-assessments entered into CAPS starting 7-16-12 for the following service benefit type only:**
  - ▶ APD In-home;
  - ▶ ICP (Independent Choices Program); and
  - ▶ Spousal Pay.

**Note:** All other CAPS services benefit types do not have this edit.

- **The upgraded CAPS system requires a specific order** for completing the SPL (Title XIX) Assessment, Risk Assessment and Service Plan for the above CAPS service benefit types. This order is important as the CAPS Risk Assessment must link to the most current CAPS SPL Assessment.

The following graphic outlines the new required order:



## **7. The CAPS 2 Emergency Concerns Report:**

- **Prior** to the CAPS Upgrade, the selection of Power Outage and/or Natural Disaster/Extreme Weather was carried over to the CAPS 2 Emergency Concerns Report.
- **Now**, these two selections will only carry over to the CAPS 2 Emergency Concerns Report if the risk level of “High” is selected along with Power Outage and/or Natural Disaster/Extreme Weather. **No other risk factors will carry over to this report.**
- If “High” risk level is selected, it is important to ensure the Plan/Comments are completed to clearly document what the plan is in the event of a power outage and/or natural disaster/extreme weather.
- The Plan/Comments must state if there is a contingency plan and if so, what the plan is, who will be assisting the individual, and the contact information. If no contingency plan is in place, define what assistance the department will need to provide.

## **8. CBC Facility and Nursing Facility Requirements:**

- The case manager can select one of the two options below for documenting that the facility is responsible for the client’s risk factors:
  1. For each Risk Factor in the CAPS Risk section, select the Risk Level and the Risk Reducing Factor of “Facility Responsibility”  
**or**
  2. One entry can be documented in the Plan/Comments section of the CAPS Risk section explaining that the client resides in the facility and it is the facility’s responsibility for mitigating risks and to provide a contingency plan in the event of an emergency (#2 is the simplest and fastest way to document this).

**Implementation/Transition Instructions:** For the purpose of the CAPS upgrade of the Client Details, Risk section, begin completing the new CAPS Risk section as specified in this transmittal and as presented in the [CAPS Risk Assessments, Monitoring & Documentation Netlink training](#). These instructions are effective 7-16-12.

**Training/Communication Plan:** Follow procedures outlined in this transmittal and attend mandatory [CAPS Risk Assessments, Monitoring & Documentation Netlink training](#) as specified in [SPD-IM-12-038](#).

**Local/Branch Action Required:** Follow procedures outlined in this transmittal and described in mandatory [CAPS Risk Assessments, Monitoring & Documentation Netlink training](#) as specified in [SPD-IM-12-038](#).

**Central Office Action Required:** Provide technical assistance as needed.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:** Operations Committee and SPD Policy

**Filing Instructions:**

*If you have any questions about this policy, contact:*

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