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Authorized Signature

Number: SPD-PT-09-011
Issue Date: 8/31/2009

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:	CAPS2 Four ADL and Full Assessment requirements for individuals receiving nursing facility services		
Policy/Rule Number(s):	OAR 411-015-0010	Release No:	
Effective Date:	Immediately	Expiration:	
References:			
Web Address:	http://www.dhs.state.or.us/policy/spd/rules/411_015.pdf		

Purpose:

This transmittal is to provide clarification of when a nursing facility service plan can or cannot be developed based on the completion of only the Four ADL Assessment in CAPS2.

Discussion/Interpretation:

This transmittal replaces *SPD-PT-08-019, CAPS2 Four ADL Assessments used for Nursing Facility service plans* (released 09-25-2008). SPD Central Office has since evaluated the assessment expectations to ensure that the requirements for adequate case management activity were being met for Medicaid individuals receiving nursing facility services. The following information is a detailed description, including the minimal assessment requirements for nursing facility service plans. A flowchart summarizing this information is at the end of this transmittal and on the

Note: To determine whether SPL is required for an individual in a nursing facility, see the [Nursing Facility Coding and Liability Chart](#).

Nursing Facility Assessment and Service Planning Requirements:

1. The Four ADL Assessment is required for:

- ▶ Initial SPL and monitoring purposes.
 - If ineligible from resulting assessment, evaluate for all other programs, refer to available resources and issue the appropriate decision notice.
 - If eligible from resulting assessment, complete the Full Assessment and Client Details prior to setting up the nursing facility (NFC) service benefit and plan.

2. The Four ADL Assessment and Client Details need to be completed when:

- ▶ Reassessment is due.
- ▶ An individual is receiving Developmental Disability (DD) services prior to the nursing facility admit. This may or may not be a temporary stay for a child or an adult.

3. The Full Assessment and Client Details are needed for individuals new to Medicaid services.

4. The Full Assessment, Client Details and a new service benefit/plan need to be completed for current Medicaid service individuals when:

- ▶ An individual has had a change in condition and is moving from a nursing facility to another living situation.
- ▶ An individual is moving from the nursing facility to another living situation, *and* the previous NFC service benefit was set up based on a Four ADL Assessment only.

Neither the Four ADL or Full Assessment is required for current Medicaid service individuals when:

- ▶ The individual is receiving **skilled** Medicare nursing facility services. For SPL requirements for individuals in nursing facilities, see the [Nursing Facility Coding and Liability Chart](#).
- ▶ The individual moves from a CBC living situation, such as an Adult Foster Home, to a nursing facility *and* has had no change in condition. Change the service benefit to NFC.
For example: the prior living situation was an *APD Residential* benefit and the new living situation is an *NFC* benefit; change *APD Residential to NFC*.
- ▶ The individual moves from a nursing facility *to* another living situation, such as

an Adult Foster Home, has had no change in condition **and** had a Full Assessment completed on an earlier date (the assessment's 'Valid Until Date' must be a current or future date). Change the service benefit to the new living situation.

For example: the prior living situation was an *NFC* benefit and the new living situation will be an *APD Residential* benefit; change *NFC* to *APD Residential*.

Implementation/Transition Instructions:

Effectively immediately, nursing facility service plans may be set up based on a CAPS2 Four ADL Assessment as specified in this transmittal.

Training/Communication Plan:

None scheduled.

Central Office Action Required: Provide technical assistance as needed.

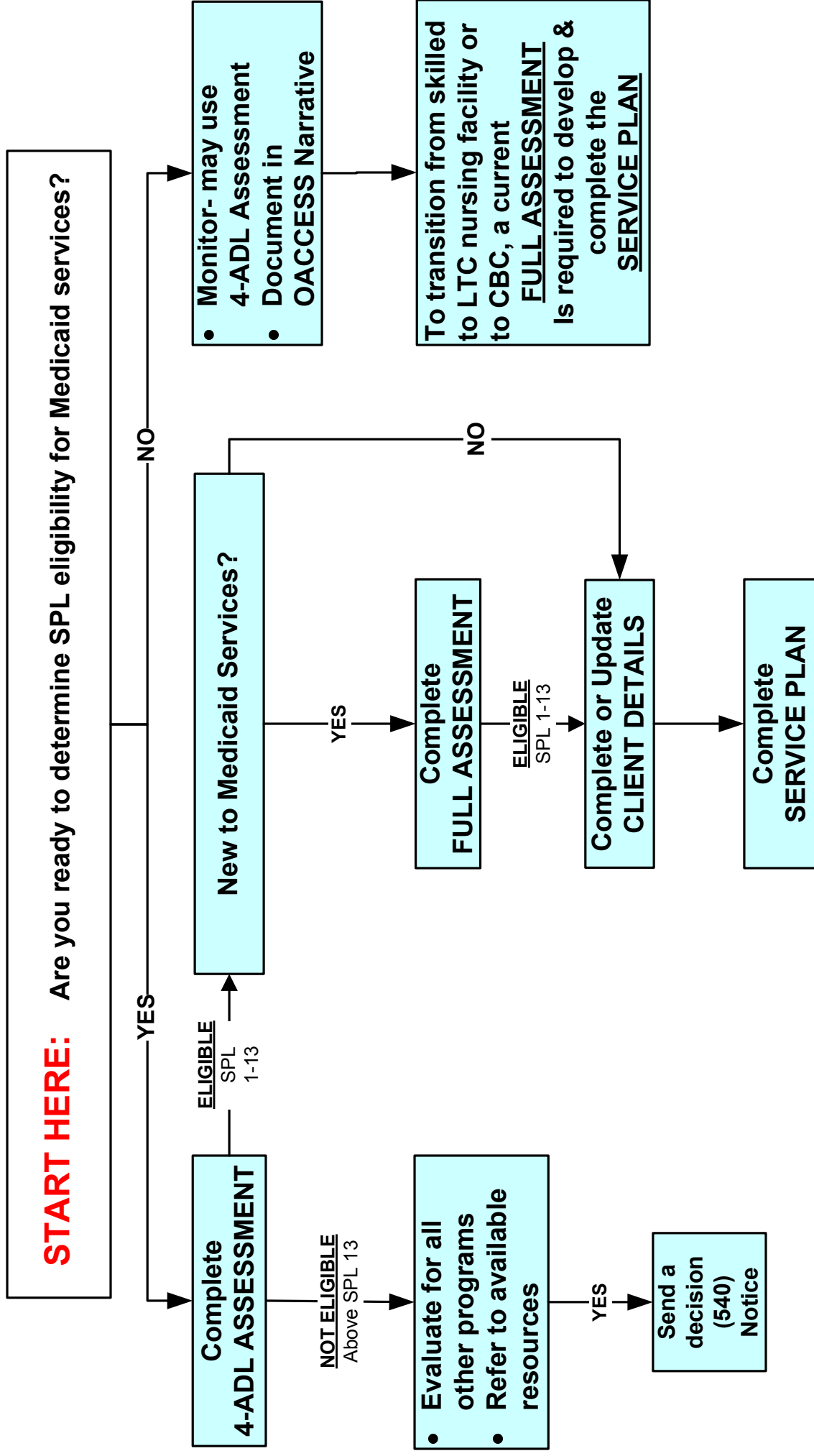
Field/Stakeholder review: Yes No

If yes, reviewed by: Operations Committee

If you have any questions about this policy, contact:

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When to complete a CAPS Four ADL or Full Assessment



*** NOTE #1:** For SPL eligibility requirements for Medicaid programs, see the Nursing Facility Coding and Liability Chart located on the DHS Staff Tools website: <http://www.dhs.state.or.us/spd/tools/index.htm>

*** NOTE #2 for Annual Re-assessments:** For individuals receiving ongoing nursing facility long term care (LTC), as long as there is a Full CAPS assessment, the annual re-assessment may be completed using the 4-ADL assessment.