

Policy Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-PT-18-050

Issue date: 12/6/2018

Topic: Long Term Care

Due date:

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: Types A and B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Assessment Documentation		
Policy/rule number(s):	OAR 411-015-000 through OAR 411-015-0100	Release number:	
Effective date:	Immediately	Expiration date:	N/A
References:	Various training sessions		
Web address:	N/A		

Discussion/interpretation:

On 05/07/2018, an agreement was finalized with various legal advocates, DHS Aging and People with Disabilities (APD), and the Department of Justice (DOJ) which stated, in part, that all notices of action would be legally sufficient, transparent about the assessment process and outcomes of the assessment, as well as easy to read and understandable by consumers. As a result, a new notice was developed (SDS 2780N; aka SPAN) and the requirement to send the form SDS 002N to the consumer was reinstated.

This notice provision does not apply to Oregon Project for Independence (OPI) cases.

Effective immediately, the comment sections for all ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living) must be completed and address the process and questions below. For purposes of consistency, this documentation process applies to OPI cases as well.

❖ **Why is there a need?**

The “why” needs to be clear in the assessment, synopsis, diagnosis tab, etc.

❖ **How frequent is the need?**

Be specific. Words or phrases, such as, ‘*occasionally*’, ‘*at times*’, ‘*only on bad days*’, are not specific enough. If the need is not daily, or every time, describe why it is less frequent.

❖ **How is the assistance being received?**

Describe what the provider is doing to assist the consumer instead of stating the assist type (hands on assistance, stand-by assistance, cueing, etc.).

Answering these questions in each ADL and IADL section of the assessment should support rule and explain the assessed need level for each activity. Describing a consumer’s abilities and inabilities is helpful in supporting the assessed need and rule.

In addition, staff conducting the CA/PS assessment should document anything observed and heard as it relates to the assessed need level of an ADL or IADL. Observations and other topics related to the consumer’s condition, circumstances, current living situation, and anything of importance can be documented in the synopsis section of the assessment, as it relates to the care of the consumer.

Use plain and easy to understand language when writing in the comments sections. All comments should be free from all acronyms, program jargon, and medical terminology (unless the diagnosis is needed). Some examples are:

- *The acronym PRN should be spelled out to read ‘as needed’ or ‘when necessary’;
- *4WW should be spelled out to read ‘4-wheel walker or four-wheel walker’;
- *Instead of using the phrase ‘challenging behaviors’, describe the behaviors and the effects resulting from the behaviors.

When a consumer is assessed as Independent in any ADL or IADL, an explanation of how or why the consumer is independent must be documented in the comment section. A brief statement, for example, “The consumer does not have any catheter or ostomy care needs” is sufficient. The word “Independent” should never be the only statement in the comments section. In addition, the comments section should never be left blank.

While assessing the needs of a consumer in the areas of Cognition, an example of the

need that ties to health and safety is required, as well as a description of what the care provider must do to assist the consumer.

When a reassessment is being conducted, staff must document in the comment section in each ADL and IADL, any changes that have occurred since the previous assessment. This is a new requirement, resulting from the need for transparency in the assessment process.

Implementation/transition instructions:

Staff who conduct CA/PS assessments must incorporate the information stated above (*answering the three questions, using plain and easy to understand language, refraining from the use of medical terminology, program jargon and acronyms, explaining the reason for an assessed need of Independent, explaining any changes*) into comment sections for each assessed ADL and IADL. Staff who review assessments should review for these components to ensure accuracy of the assessments.

Training/communication plan:

The information contained in this transmittal will be incorporated into current and future training materials.

Local/branch action required: See Implementation/transition Instructions

Central office action required: Technical assistance as needed. Update and revise this policy when necessary.

Field/stakeholder review: Yes No

If yes, reviewed by: Policy team; District Managers; Program Managers; AAA Types A and B stakeholders

Filing instructions: N/A

If you have any questions about this policy, contact:

Contact(s): Medicaid Services and Supports Unit Sandy Abrams, Oregon Project Independence (OPI) Program Analyst	
Phone: 503-947-2391 (Sandy Abrams)	Fax:
Email: APD.MedicaidPolicy@state.or.us sandy.h.abrams@state.or.us	