

# Action Request Transmittal Aging and People with Disabilities



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**Number:** APD-AR-18-031

**Issue date:** 4/26/18

**CORRECTED**

**Topic:** Long Term Care

**Due date:**

**Subject:** Updated Consumer Checklist

**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 ( <i>please specify</i> ):                     |
| <input type="checkbox"/> Child Welfare Programs                           |   |

**Action required:** The Oregon Home Care Commission has updated their Consumer Checklist form to include a checkbox which will indicate if the **STEPS (rebranded to: Employer Resource Connection)** consultant gets the impression that a consumer may not be able to manage their Consumer-Employer responsibilities as required in [OAR 411-030-0040\(8\)](#). This form has been posted on the Case Management Tools website (on the [In-Home](#) and [Homecare Worker](#) pages) for staff to view. The link is titled 'OHCC Consumer HCW Checklist'.

**Please note:** This form is not intended for use by case managers, but rather for the STEPS Employer Resource Connection consultants for purposes of communicating with case managers. Case managers should let the STEPS Employer Resource Connection program know if they are not receiving the form for completed referrals via email at [OHCC.ERC@dhs.ohio.gov](mailto:OHCC.ERC@dhs.ohio.gov).

Case managers must review this form each time it is submitted by the STEPS Employer Resource Connection consultants to see if the box is checked. If the box is checked, the case manager must follow-up with the consumer regarding the Consumer-Employer responsibilities rule requirements, and must work with them to

identify a representative who can manage their Consumer-Employer responsibilities on their behalf. If no representative is identified, case managers must take the necessary actions on the service plan to ensure the consumer's health and safety are being met. Please review [APD-PT-17-058](#) for process and mitigation information.

The following is the checkbox being referenced and is under the Consumer-Employer/Individual section of the form:

Consumer-Employer/Individual			
Name:		[Redacted]	
Program*:	Blank	Agency**:	Blank
CPMS/Prime #:	[Redacted]	District/County:	[Redacted] Steps ID: [Redacted]
Representative/ Employer:			Primary Contact: [Redacted]
Phone:	[Redacted]	Email Address:	[Redacted]
Initial Meeting Date:		[Redacted]	
Consumer/Employer (of Record, etc.) may not be able to manage their responsibilities. <input checked="" type="checkbox"/>			

**Reason for action:** As part of the Secretary of State Audit Recommendation 1 and 2, APD is working to implement tools and methods of communication to more quickly identify APD consumers that are not able to manage their Consumer-Employer responsibilities and to identify consumers most at risk for fraud, neglect and abuse.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Operations Committee

*If you have any questions about this action request, contact:*

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