

Adult Care Home Program Newsletter

June 2024

Message From the ACHP Program Manager: IBL Licensing Support Visits

Dear Providers,

As June is upon us, I want to thank you all for taking the time to complete the HCBS training and take a fresh look at what Individually-Based Limitations are present in your homes.

June is the last month that IBL support visits will be technical assistance. Starting in July, undocumented IBLs will be viewed as corrections during inspections.

Our licensers have completed hundreds of HCBS support visits, and they will continue to schedule these visits through the end of the month. This has been a lot of work, and something the other counties have not been able to offer to the same extent. I am proud of our team for being able to provide assistance to operators before July.

If you haven't had a licensing support visit on IBLs, and you are concerned that you might not have the right IBL documentation in place, please reach out to your licenser asap.

Also, please be aware that our form uses the word "correction," but right now these IBL adjustments are "technical assistance." We were not able to modify the form, which has worried some providers. We aren't counting these visits as corrective action.

Most of the challenges around IBL compliance has been with the new APD stance on bed rails requiring IBLs regardless of their use. It has been quite a process for each of you, and I appreciate the effort to get everything in place.

Although the focus has been on APD residents, remember that IBLs apply to all populations if

we are limiting, or potentially limiting, a resident's freedom.

Steven Esser
ACHP Program Manager

Changes to Background Check Requests

The state's Background Check Unit has changed its process, starting Monday, June 3. This affects requests for background checks for adult care home staff.

When someone fills out the ACHP Background Check form, the ACHP emails the applicant a link to complete the required online portion of the background check. **Applicants must follow the link and submit this portion of the background check within seven days.**

The Background Check Unit has made this change to help reduce the current backlog of background check requests.

Hot Weather Best Practices

Summer is here, and it's important to take steps to keep you, your staff and residents safe when it gets hot. Remember, heat exhaustion and heat stroke can be life threatening.

Heat illnesses can affect anyone, but some people are at greater risk, including older adults, children, pregnant women, people with chronic medical conditions or limited mobility, and people taking certain medications.

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Hot Weather Best Practices, Continued

Talk with residents about staying cool and hydrated. Pay special attention to residents with health conditions that may be aggravated by the heat. Check on them and offer them water regularly.

Hot Weather Best Practices:

- Do not leave children, pets, or individuals with impaired mobility or judgment in cars for *any* length of time.
- Avoid using the stove or oven.
- Use fans both indoors and in outside seating areas for cross ventilation.
- Encourage residents to cool down using cool water showers or damp towels.
- Encourage residents to wear light weight and loose fitting clothes when possible.
- Make sure everyone drinks plenty of water, even before feeling thirsty.
- Avoid sugary drinks and alcohol.
- If a doctor limits the amount of fluids a resident drinks, ask the doctor how much they should drink during hot weather.
- Monitor residents for signs of heat exhaustion and heat stroke.

Providers' Responsibilities During Hot Weather:

- Maximum temperatures may not exceed 78 degrees Fahrenheit at any time. Variations from the requirements of this rule must be based on resident care needs or preferences, and must be addressed in the care plan.
- During times of extreme heat, you must make a reasonable effort to keep the residents comfortable using ventilation, fans or air conditioning. Precautions must be taken to prevent resident exposure to stale, non-circulating air.
- If you are unable to maintain a comfortable temperature for residents during times of extreme heat, air conditioning or other cooling systems may be required.

National Core Indicators Survey

Last month your APD residents may have been contacted by Vital Research about an Aging and Disabilities Survey.

The National Core Indicators – Aging & Disabilities survey is gathering feedback to improve quality and identify service gaps.

A random sample of residents receiving Medicaid services will be asked to participate.

If residents receiving survey calls have questions, please reassure them the survey is an APD activity, not a scam.

The survey is voluntary: there is no impact to services regardless of how residents answer questions or if they decide not to participate.

All survey data will be combined in the report. The ACHP and the state's Office of Aging and People with Disabilities will not know who took the survey. A survey report with results will be available in 2025.

Providers are asked to assist residents as needed to participate in the survey. However, providers should not be present during the survey unless activities of daily living assistance are needed during the survey. Providers are asked to step out during questions involving quality of care. Case managers should not be present either.

Surveys take about 45 minutes to complete. Residents can choose an in-person, phone or video conference survey. Survey interviews will be conducted through early fall.

For more information visit [APD National Core Indicators – Aging and Disabilities, oregon.gov/odhs/data/Pages/apd-core-Indicators.aspx](https://www.oregon.gov/odhs/data/Pages/apd-core-Indicators.aspx).

If you have questions, contact Naomi Sacks, at naomi.e.sacks@odhs.oregon.gov or 503-385-7168.

Training and Support

Sessions are virtual unless listed as in person.
To register call 503-988-3000 or email
advsd.adult.carehomeprogram@multco.us.
Specify the training name and date.

Information Session for Operator Applicants

Date: Tuesday, June 18
Time: 9 – 11 a.m. (Sign-on 8:50 a.m.)
Cost: Free

In-Person Provider Meeting

Topic: Older Adults & Substance Use Disorder
Date: Wednesday, June 26, 1:15 – 4:15 p.m.
Cost: \$30 | 3 CEUs
Location: Chinook Room, 600 NE 8th St.,
Gresham, OR 97030

Orientation Required for operator, resident manager and shift manager applicants.

Date: Tuesday, July 2
Time: 9 a.m. – 3 p.m. (Sign-on 8:50 a.m.)
Cost: \$55

First-year required trainings for operators, resident managers and shift managers:

Emergency Preparedness Planning

Date: Thursday, June 6
Time: 9 a.m. – 12:30 p.m. (Sign-on 8:50 a.m.)
Cost: \$30 | 3 CEUs

In-Person Record Keeping Part B, Medication Mgmt

Date: Thursday, June 13, 9 a.m. – 1:30 p.m.
Location: Sharron Kelley room, 600 NE 8th St.,
Gresham, OR 97030

Date: Thursday, June 20, 10 a.m. – 2:30 p.m.
Location: Rockwood Library, 17917 SE Stark
St, Portland, OR 97233

Date: Tuesday, June 25, 9 a.m. – 1:30 p.m.
Location: Preschool For All, Rockwood Market
Hall, 458 SE 185th Ave., Portland, OR 97233

Cost: \$30 | 3 CEUs
Registration is full through June.

Honoring Diversity

Date: Tuesday, June 11
Time: 9 a.m. – noon (Sign-on 8:50 a.m.)
Cost: \$30 | 3 CEUs

Record Keeping Part A

No class in June.

Just Ask: IBLs for Wheelchairs

Question: What if my residents cannot move the brakes, leg rests or footrests on their wheelchairs? Does that require IBLs?

Answer: It depends on how they are being used.

Brakes: If they are intended to keep the resident in a particular location, such as the table, to “free up the provider” so they can do other tasks or go into other rooms, an IBL is needed. In essence, the resident is being restrained for the convenience of the provider.

If the brakes are intended for safety purposes and are acting as a safety feature, not a restraint, an IBL is not necessary. For example, if they are used during meals to ensure the wheelchair remains in place at the table while the resident eats. Another safety use is during a transfer from a bed to the wheelchair.

Leg and foot rests: If the resident cannot stand or move their legs, the leg rests and foot rests are not acting as a restraint. They are for positioning legs and feet for comfort. Therefore, an IBL is not necessary.

However, if the resident can stand and walk on their own, but cannot move the leg or foot rests, it could be considered a restraint and an IBL may be appropriate. It will ultimately come down to how the leg and foot rests are being used. If they are being used in order to keep the resident in the wheelchair for the convenience of the provider, it would be a restraint and would require an IBL.