

Adult Care Home Program Newsletter

April 2021

Interim Program Manager's Letter

Dear All,

By the time this newsletter reaches your doors, my time as the ACHP Interim Program Manager will have come to an end. It has been a real pleasure to have worked with so many people in the Provider Community, and with the dedicated staff in the ACHP program. This work is important, and the responsibilities of caring for our vulnerable community members is both challenging and rewarding.

We here at ACHP have special appreciation for your efforts to ensure all your residents who want to be vaccinated against COVID-19 are able to get those vaccinations. As a result of these efforts, Multnomah County leads the State in accomplishing that goal. Thank you!

Later in this Newsletter you will see an article about a new potential step into the future which might make your work easier, clearer and more manageable. That step is to consider moving to electronic record keeping for some of the tasks Providers must complete and record every day.

Look also for our article about Exceptional Rates which many Providers are requesting. Understanding the requirements will help keep you in compliance with MCAR, and more importantly, will enable you to meet the care needs of all your clients.

Again, thank you and stay well out there!

Best regards,
Margaret Semple,
Interim Program Manager

Just Ask

Question: Do the visitation guidelines change if visitors have been vaccinated?

Answer: No. Until further notice, vaccination status of visitors, providers, household members, or residents will not impact visitation guidelines. Multnomah County has moved to the "Moderate Risk" category, but the guidelines remain the same. Essential visitors and personal visitors are allowed, including family and close personal relationships. Visitors are limited to 2 at a time in the adult care home.

Question: The date on my license shows it is now expired and my renewal inspection has not happened yet. Should I be worried that I am operating with an expired license?

Answer: No. Unless otherwise notified, your license is considered in effect until the next renewal license is issued. COVID-19 has had an impact on ACHP's ability to renew all licenses in keeping with their old schedules, but as Licensing staff return to in-person inspections we have a plan to get back on track again!

Question: My ACH is new and I have vacancies. How should I go about trying to fill those vacancies?

Answer: A good strategy is to post information about your home on the Multnomah County Adult Care Options webpage, noting that you have vacancies. You can showcase your home and get ideas about how other Providers have marketed their homes to increase the number of residents they serve.

<https://www3.multco.us/AdultCareOptions/>

Another idea is to ask Case Managers who work with your residents about potential other matches for your home.

Care Exceptions and Exceptional Rates

ACHP has seen a significant increase in the number of ACHs seeking care exceptions. In most cases, the prospective resident's care needs require increased or specialized staffing. For example, a new resident might need 1:1 staffing for 14 hours of care each day, or 1:1 awake overnight staffing. In order to meet the increased staffing requirements, Providers can apply to receive an Exceptional Rate Payment which is greater than the home's usual classification rate.

In these instances, Providers must remember that the purpose of the exceptional rate is to allow the ACH to hire additional staff required to meet the resident's care needs. In some cases, ACHP is finding that exceptional rate funds are not necessarily being used to hire the needed staff and that ACH's are relying on unchanged staffing patterns, resulting in the increased staffing and resident care needs being unmet.

For example, a home may get an exception for two (2) of the home's five (5) residents, each of whom needs 14 hours of 1:1 care per day. This means the home must hire or schedule enough additional staff to meet the 1:1 needs of **each** resident who needs 14 hours of 1:1 staffing per day. The home **may not** "count" caregivers who are serving the three other residents as meeting the 1:1 requirement, because caregivers serving other residents are not providing 1:1 care.

ACH's should also plan for the possibility of having "on call" staff to fill in for 1:1 caregivers if they become unavailable on any given day, rather than relying on "regular" staff to fill in while the 1:1 is away; and should ensure the resident's Care Plan or ISP is kept up to date and consistent with the resident's needs. Failure to meet resident care needs not only puts residents at risk, it also results in MCAR violations which may impact a home's license.

Back To The Future! Electronic Recordkeeping in the Modern Age

As many Providers know, over the past decade, health care organizations, including residential care facilities, have moved away from paper-and-binder recordkeeping to electronic records. While most ACHs still keep resident records in paper form, some ACH Operators are also moving to electronic formats. Two of the most commonly used e-records programs in Oregon are QuickMAR and THERAP. Some providers have accessed QuickMAR by agreement with their preferred pharmacy, which makes communication between the pharmacy and the ACH easy and accurate. THERAP has modules focused on support of I/DD residents, and both QuickMAR and THERAP have an auditing function so an Operator can track entries by other users for quality assurance purposes. Operators who are using these programs like them because they are easy to use and maintain records in legible, accurate and organized formats.

Because these e-records are new to the ACHP, the program is viewing their use as a kind of "pilot" program to see how they work for Providers. We've also provided some training to Licensers who may find themselves looking at records in a format with which they've previously been unfamiliar. At this point the ACHP is asking any Operator using QuickMAR, THERAP or any similar programs to sign an acknowledgment that the software is HIPAA compliant (which the software must confirm) and that the Operator will use the program in accordance with the program's stated Terms and Conditions.

Feel free to research and explore the options for electronic recordkeeping that might work best for you. If you do decide you'd like to move to e-records please contact your Licenser and tell them what you are thinking about. If approved, you'll get an Agreement to sign before implementing this change. So, into the future!

Training, Testing, and Events

ACHP Orientation and Record Keeping B continue to be offered online via Google Meet. Sign up by calling 503-988-3000 or by emailing advsd.adult.carehomeprogram@multco.us.

Orientation - Required for all Operators and Resident Managers before submitting an application.

Times: 9:00 am - 3:00 pm (Sign-on 8:45 am)

Cost: \$55

Dates: Wed 4/14/21 and Thurs 4/29/21

Record Keeping Part B, Medication Mgmt

Times: 1:30 pm - 4:30 pm (Sign-on 1:25 pm)
(Tech support for training starts at 1:10 pm)

Cost: \$30 for Operators & Resident Managers

Dates: Wed 4/7/21 and Thurs 4/22/21

Testing: The ACHP is working on a process to increase testing capacity; however, currently, testing continues to be limited. For Operators with urgent staffing needs who have prospective caregivers waiting for a qualifying test, contact the ACHP at (503) 988-3000 to request testing. Capacity is limited. Everyone will be screened. Masks are required.

Public Health Webinars for Group Living

Facilities - Regional public health offices host a free webinar every other Wednesday at 3:00 pm to provide updates and answer questions about COVID-19. Click here for dates and link.

<https://multco.us/novel-coronavirus-covid-19/covid-19-webinars-group-living-facilities>

Ongoing APD Adult Foster Home Training and Educational Resources can be found at:

<https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Training.aspx>.

Ongoing I/DD Adult Foster Home Training

Videos can be found here:

<https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/IDD-FOSTER-HOMES/Pages/Video-Training.aspx>

Risk Level and Visitation Updates

Multnomah County's risk level has been updated to the "Moderate Risk" category; however, visitation guidelines remain unchanged. Please remember that even though many ACH staff and residents have been vaccinated and COVID infection rates are declining overall, the Portland area is still experiencing community spread.

Information from the State Ombudsman's Office has noted a rise in COVID in some Gresham area Assisted Living Programs and Nursing Facilities. If your home is in the 97024, 97030, 97060, 97080, 97230, 97233, or 97236 ZIP codes, it would be wise to increase your awareness and screening activities, especially if you have caregiving staff who work in more than one facility.

Indoor visitation is limited to two visitors in the home at any time; and allowed only when there is no new onset of COVID-19 cases in the ACH in the last 14 days, there is no COVID-19 Condition in place, and if no one in the home is undergoing testing for COVID-19.

Visitation Guidelines:

- Screen all visitors upon entry.
- Keep a log (name, address, phone #) of all indoor and outdoor visitors.
- Visitors must wear face coverings.
- All visitors must comply with CMS's *Core Principles of COVID-19 Infection Prevention*, included in this CMS document on visitation: <https://www.cms.gov/files/document/qso-20-39-nh.pdf> (inc. handwashing and use of PPE).
- Limit visitor movement within the ACH as much as possible. Ask visitors to go directly to the resident's room or designated visitation room.
- Set up common areas where visits are conducted to ensure appropriate physical distancing between all individuals.
- Common areas used for visits should be disinfected by ACH staff immediately after use.



Department of County Human Services

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