

Adult Care Home Program Newsletter

October 2022

Letter from the ACHP Program Manager

Dear Providers,

I am quite proud of our team of licensers and their efforts in completing the renewal inspections that were backlogged due to the pandemic. Currently, less than 10% of the homes with overdue inspections remain to be inspected at this time.

With the longer period of time between inspections, some Providers have experienced an increase in the number of MCAR violations being identified. As always, it is important to address any corrections as soon as possible and before any specified timelines for such. Applying proper corrections and establishing systems to maintain compliance with the rule is key to avoiding "Progressive Corrective Action" (PCA).

PCA begins when a specific rule violation is repeated or remains non-compliant. When this occurs, the ACHP takes action based on the level of severity and risk and on the history of the ACH's non-compliance with that rule. This can range from technical assistance to warnings to sanctions such as fines, conditions on a license, suspension, reduction of class or capacity, revocation or non-renewal, or other actions.

To avoid PCA, set up systems for compliance. Utilize the ACHP self-audit tools (ACHP website under [Operator & Resident Manager Forms](#), <https://www.multco.us/adult-care-home-information/operator-resident-manager-forms>). Review the inspection checklist from previous inspections and track your past violations to avoid repeats. Establishing consistent systems will help you avoid corrective action and will ultimately keep everyone safer, keep your stress level down, and make your inspections easier.

ACHP Program Manager
Steven Esser

COVID-19

Masks: Masks continue to be required in ACHP licensed adult care homes. Staff who live outside the home and any visitors must wear masks when inside the ACH.

Reporting: If a staff member or Resident in your home is exposed to or exhibits symptoms of COVID-19, please seek COVID testing. Positive COVID-19 test results should be reported to the ACHP within one business day (503-988-3000/ advsd.adult.carehomeprogram@multco.us) along with your name, contact info, and phone number. Someone from the program will call you ASAP with questions and further instructions.

October Heritage Months

Join the ACHP in celebration.

National Disability Employment Awareness Month (NDEAM): NDEAM recognizes and celebrates the current and past contributions of workers with disabilities in the United States and showcases "supportive, inclusive employment policies and practices." The theme for 2022 is "Disability: Part of the Equity Equation."

- Check out [National Disability Rights Network's \(NDRN's\) 2019 Video Series](#) highlighting individuals with disabilities in the workplace and their stories. Scroll down for the series.
<https://www.ndrn.org/resource/ndeam/>

Italian-American Heritage Month:

Italian-American Heritage Month celebrates the cultural contributions and achievements of Americans with Italian lineage.

- Check out [National Today's site](#) for ways to celebrate.
<https://nationaltoday.com/italian-american-heritage-month/>

Just Ask

Question: *I want to pay for my caregiver's application and background check. How do I let the ACHP know?*

Answer: When seeking payments due, the ACHP automatically contacts the individual applying for role approval unless otherwise instructed by the Operator. If you plan to pay for the fees associated with a caregiver application or any other fees required by ACH staff members, please make note of this on all related correspondence with the program including paper correspondence, faxes, and emails.

Question: *Do I need to notify the ACHP when asking for an exceptional rate from the state?*

Answer: No, you do not need to notify the ACHP or seek ACHP approval when asking for a rate exception from the state. Keep in mind, however, that Out-Of-Class or Interagency Exception placements do require ACHP approval so the program can verify staffing for the 1:1 hours identified within the rate exception. A state-approved rate exception does not guarantee that the placement will be approved by the program.

Question: *I heard there was going to be another hospital discharge incentive. How does this work?*

Answer: There is word that the state has started their "Hospital Decompression Incentive" payments again beginning October 1, 2022 and continuing through March 31, 2022. For individuals involved in this program, in addition to the regular rate for a Resident's care, there will be an additional incentive payment at admission, followed by a second incentive payment at 90 days. As always, the Operator will be responsible for screening potential residents to assure that the home's classification is sufficient to meet the Resident's care needs. If care needs exceed the classification of the home but the Operator believes that the home is able to meet the Resident's needs, the Operator may seek and submit an out-of-class exception to the ACHP prior to admitting the resident. Operators accepting the incentive payment for a Resident are committing to providing a minimum of 90 days of service to the resident.

Just Ask, Continued

Question: *Due to increased safety concerns in my neighborhood, can I lock the gate to my backyard?*

Answer: In some instances, yes. According to the MCAR, "Locks must be easily openable from the inside without the use of a key, tool, special knowledge or effort, or more than one motion." This type of hardware is often called "self-releasing" or "single action" hardware. If a provider is thinking about using this hardware on a backyard gate, consider single action hardware with "interconnected locks" utilizing a "thumb turn" deadbolt on the inside. This would allow the gate to be locked with a "thumb turn" inside the gate and opened from the inside with a single motion, usually through the use of a lever-style door handle. Once opened, the gate would not automatically re-lock. It would need to be intentionally locked either from the outside with a key (or code) or from the inside using the "thumb turn." This setup avoids Residents or ACH staff being accidentally locked out of the yard when stepping out to get mail or greet a neighbor, etc.. Please note, gates that allow entrance to the front of the house must remain unlocked to allow for emergency personnel or other access to the home.

Question: *Are shared hand towels allowed in ACH bathrooms?*

Answer: No, according to MCAR 023-100-345, "Residents shall be provided with individual towels and washcloths that are laundered in hot water at least weekly." This includes hand towels used in the bathroom for handwashing as well as other hygiene activities. The rule goes on to say, "Appropriate racks or hooks shall be available for drying bath linens. If individual cloth hand towels are not provided, roller-dispensed hand towels or individually dispensed paper towels shall be provided for residents." This practice can help minimize the spread of infectious disease.

Training and Support

To register: Call 503-988-3000 or email advsd.adult.carehomeprogram@multco.us.
Specify the training name and date.

Training Support - Contact Ana Weakland, the ACHP Training Coordinator, with questions about how to find and register for ACHP, Community-Based, or state sponsored training.
Phone: 503-729-2290 (call or text)
Email: ana.weakland@multco.us

Emergency Preparedness Planning - Required for Operators, Resident Managers, & Shift Managers
Date: Wednesday, 10/19/22
Times: 9:00 am - 12:30 pm (Sign-on 8:50 am)
Cost: \$30

Orientation - Required for Operator, Resident Manager, and Shift Manager applicants.
Date: Tuesday, 10/04/22
Times: 9:00 am - 3:00 pm (Sign-on 8:50 am)
Cost: \$55

Record Keeping Part A, Screening and Care Planning - Required for APD and MHA licensed Operators, Resident Managers, and Shift Managers.
Date: Thursday, 10/13/22
Times: 9:00 am - noon (Sign-on 8:50 am)
Cost: \$30

Record Keeping Part B, Medication Mgmt - Required for Operators, Resident Managers, and Shift Managers within the first year of licensure or role approval.
Dates: Thurs, 10/06/22 & Wed, 10/26/22
Times: 9:00 am - 12:30 pm (Sign-on 8:50 am)
Cost: \$30

Honoring Diversity - Required for Operators, Resident Managers, and Shift Managers within the first year of licensure or role approval.
Dates: Tuesday, 10/11/22
Times: 9:00 am - noon (Sign-on 8:50 am)
Cost: \$30

One of My Residents Has Been Admitted to the Hospital: What Comes Next?

The following information applies when a Resident is admitted to the hospital (rather than just spending time in an emergency room without an actual hospital admission). The first thing to remember is that the Resident has a right to return to the ACH after they are discharged from the hospital. Following required post hospitalization re-screening, Operators should plan to pick the Resident up within 24 hours of notification from the hospital that the Resident is ready for discharge.

Re-screening prior to the Resident's discharge from the hospital

- Before discharge, Operators must re-screen the Resident to assure that the ACH's classification (or any existing exception) continues to be sufficient to meet the Resident's care needs.
- If it is determined that the Resident's care needs exceed the classification of the home or any current exception, and the Operator believes that the home is able to meet the Resident's increased needs, the Operator may request an out-of-class exception.
- If an exception is approved, ACHP approval is also required prior to readmission.

Refusing readmission

- If rescreening determines that the home can no longer meet the Resident's care needs, the screening form must document the determination by clearly demonstrating the basis for refusing readmission.
- The Operator must provide a copy of the screening form to the Resident/Resident's representative; the Case Manager, Services Coordinator, or Residential Specialist; and the ACHP within 24 hours of determination.
- A Resident who is refused the right to return to an ACH is entitled to an Administrative Conference with the ACHP and/or a Hearing with the City Hearings Office.

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