

## Highlights from “In the Loop” 2017 that apply to OPI

Article excerpts for OPI Case Managers and AAA staff from the APD newsletter  
Please also follow APD on [Twitter](#) and [Facebook](#) for more information and updates  
**April 2017**

[http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017\\_newsletters/Apr\\_2017.pdf](http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017_newsletters/Apr_2017.pdf)

### HCW caps monitoring and actions

The APD Long Term Care Systems policy team is continuing to process homecare worker (HCW) cap violations. The team is still issuing warning letters for HCWs with over authorized hours on their vouchers; the central processing team has reported a drop in submissions.

Please continue to send any violations to [hcwvoucher.issues@state.or.us](mailto:hcwvoucher.issues@state.or.us) so the policy team can continue to support the local offices and ensure we are following the CBA appropriately. For regional offices which are using Barracuda or McAfee encryption, please send documents separately for each provider so they can be properly tracked.

*APD Long Term Care Systems Policy Unit*

### Elder abuse

Each year hundreds of thousands of older adults experience abuse, neglect, and/or exploitation. Victims are people of all ethnic backgrounds, genders, and social statuses. Abusers are both women and men, and may be relatives, caregivers, or “trusted others.” In general, elder abuse is an intentional act causing harm or an action, intentional or not, that creates a serious risk of harm to a vulnerable older adult. It includes failure by a caregiver to satisfy basic needs or to protect an elder from harm.

**Types of abuse:** Though specific definitions can vary, there are two broad categories of elder abuse: domestic and institutional. Domestic abuse is committed by someone, such as a spouse, who has a special relationship with the older adult. Institutional abuse is mistreatment that occurs in a residential facility, such as a nursing home. There are also several generally recognized forms of abuse:

- Physical abuse: Physical force may result in bodily injury, physical pain, or impairment other than by accidental means.
- Emotional abuse: Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule, harassment, coercion, threats or inappropriate sexual comments.
- Sexual abuse: Sexual contact with a non-consenting adult or an adult considered to be incapable of consent, verbal or physical harassment of a sexual nature.
- Financial exploitation: Wrongfully taking the assets, funds, property, or medications belonging to or intended for another adult.

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- Neglect: A failure which creates a risk of serious harm or resulting in physical harm, unreasonable discomfort, or loss of personal dignity. Self-neglect is the failure to perform essential self-care tasks, which can lead to illness or injury.
- Abandonment: Desertion or willful forsaking of an adult by an individual who has assumed responsibility for providing care.
- Involuntary seclusion: confinement or restriction to a room or specific area, placing restrictions on an adult’s ability to interact or communicate with other individuals.
- Wrongful use of physical or chemical restraint: the use of medications or physical restraints on an individual who has not been properly assessed by a medical professional or used for situations of convenience or discipline.

**Warning signs:** It is important to stay alert for signs of abuse. While a warning sign does not confirm abuse, the following indicators may point to a problem.

- Bruises, pressure marks, broken bones, abrasions, and burns
- Unexplained withdrawal from normal activities
- A sudden change in alertness or unusual depression
- Sudden changes in financial circumstances
- Bedsores, unattended medical needs, poor hygiene, or unusual weight loss
- Belittling, threats, and other uses of power and control by a caregiver
- Strained or tense relationships, which may include arguments with a caregiver

**Reporting abuse:** DHS employees are mandatory reporters and we all have a duty to make sure those around us are safe. You can contact APS or local law enforcement to report suspected abuse. [DHS Safe Line: 1-855-503-SAFE \(7233\)](tel:1-855-503-SAFE).

### Service animals guidance

The Americans with Disabilities Act (ADA) and the State of Oregon have provided laws and guidelines for government offices, businesses, and organization to alleviate confusion around service animals and their ability to access government facilities.

Information will be added to the Field Support Assistance Manual (FSAM) in the coming months, but in the interim here are a few things to keep in mind:

- Staff *can* ask if an animal is a service animal but they **may not** ask for documentation or proof of the animal’s status;
- Staff **may not** ask what disability the animal serves;
- Offices must allow service animals in the same areas – such as the lobby or interview room – where the consumer goes.

Below is the exact language from the U.S. Dept of Justice specifying what employees can ask:

**Q: What questions can a covered entity’s employees ask to determine if a dog is a service animal?**

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**A:** In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions: (1) is the dog a service animal required because of a disability? and (2) what work or task has the dog been trained to perform? Staff are not allowed to request any documentation for the dog, require that the dog demonstrate its task, or inquire about the nature of the person’s disability. If for some reason the lobby is not safe for the service animal, please find a location in the office where the consumer and their service animal can be served such as an interview area.

Resources:

[Oregon law](#) [ADA guidance](#)

### May 2017

[http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017\\_newsletters/May\\_2017.pdf](http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017_newsletters/May_2017.pdf)

### TAG updated online

The Technical Assistance Guide, or **TAG**, is now updated on the APD Staff tool [webpage](#) under the *Contacts* header.

The TAG will tell you who does what and how to contact them across APD, OHA, and other DHS departments. The TAG is a great tool for all staff - thank you to everyone who worked so hard on the update!

### Oregon ACCESS reminders

**Community spouse and the Oregon ACCESS case:** Please note community spouses may not always be included on an institutionalized spouse’s CMS medical case (they definitely would not for CBC cases), but they *always* have to be included on the ACCESS case.

- Unless you are including the spouse on the in-home service case for the MSP portion, the community spouse should be listed as *Not Applying/Need Info* on the *Case Overview* tab in the *Applying For* section under the *MED* and *SVC* categories.
- During integration, make sure the *Include Person* box is unchecked and that you select *No* when you are prompted to include others on the case. If you have questions about how to set up services cases with a community spouse, please email Heather Williams at [heather.d.williams@state.or.us](mailto:heather.d.williams@state.or.us) or Ada Osuna at [ada.osuna@state.or.us](mailto:ada.osuna@state.or.us).

**Removing and detaching:** Remember you have to integrate the removal of a case member (change *Ingnt* to *RE* and remove any case descriptors and N/R codes) before detaching him/her from the ACCESS case.

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- If you detach first, you’ll get error messages when you integrate, because the CMS case still has two members, and you’re trying to send information from a system that only contains one - the two systems have to mirror each other to integrate successfully.

**If you need help** with case setup, removing or detaching, or anytime you get an error message when working in Oregon ACCESS (during integration or otherwise) that does not involve CA/

PS or service planning, please email Heather Williams at [heather.d.williams@state.or.us](mailto:heather.d.williams@state.or.us) or

Ada Osuna at [ada.osuna@state.or.us](mailto:ada.osuna@state.or.us) before contacting the Service Desk.

In the Loop ~ June

[http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017\\_newsletters/June\\_2017.pdf](http://www.dhs.state.or.us/spd/tools/field/newsletter%20page/2017_newsletters/June_2017.pdf)

### Email addresses in OA

Email fields in Oregon ACCESS (OA) which are currently being used to capture information such as name preferences, ODL numbers, and safety concerns need to be cleaned up in preparation for future OA releases.

In the future, edits in the OA email fields will make it impossible to save information which fails to meet specific formatting criteria; see [APD AR- 17-033](#) for detailed formatting information.

Clean-up of the email fields will happen in two phases.

- Phase one: Local offices will receive a list of cases in OA with information in the email field that does not meet email formatting criteria to allow staff to move and save the information elsewhere;
- Phase two: Inappropriate information will be deleted from the email fields.

The [April 2017 In the Loop](#) newsletter included an article (see page 12) showing the three locations in Oregon ACCESS where the email, and potentially inappropriate information, is located to help with phase one of corrections.

See [APD-AR-17-033](#) for more information. Your help with this effort is greatly appreciated!

### Heat alert - Signs to watch for

Oregon is known for its rain, but we all know that Oregon can experience really high temperatures during the summer months. You have an important role to ensure our vulnerable consumers are safe, and it’s important you be alert to what you can do and what you can look for, to help keep older adults safe during extreme heat.

**Older adults are more prone to heat stress than younger people for several reasons:**

- Older adults do not adjust as well as young people to sudden temperature changes.

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- Older adults are more likely to have a chronic medical condition that affects normal body responses to heat.
- Older adults are more likely to take prescription medications that impair the ability to regulate body temperature and perspiration.

### What should be provided during extreme heat?

- Ensure there are ample, cool, nonalcoholic beverages available and that consumers are encouraged to drink more fluids during extreme heat.

*Warning: If their doctor generally limits the amount of fluid they drink or they are on water pills, they should ask their doctor how much they should drink while the weather is hot.*

- Keep the air circulating. If the facility or home is not air conditioned, make sure there is an adequate number of fans for each individual’s comfort.
- Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
- Relocate consumers to cooler areas in the facility during daytime hours.
- Allow for rest and do not engage in strenuous activities.
- Outdoor activities should be kept to a minimum.
- Check to see that consumers are appropriately dressed with lightweight, loose, light colored clothing.

### Warning signs and symptoms of heat-related illness:

**Heat exhaustion;** is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids.

Warning signs and symptoms vary but may include:

- Heavy sweating;
- Dizziness;
- Paleness;
- Headache;
- Muscle cramps;
- Nausea or vomiting;
- Tiredness;
- Fainting;
- Weakness;
- Serious illness, can be life threatening.

### What you should do:

- Move person to a cooler environment;

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- Offer sips of non-caffeinated fluids (water or sports drink);
- Cool person’s body temperature with cool, wet towels and fanning, have person lie down with feet elevated;
- Seek medical attention.

**Heat stroke.** Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body’s temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Heat stroke is life threatening and can cause death or permanent disability if emergency treatment is not provided. Warning signs and symptoms vary but may include:

- Extremely high body temperature (above 103°F);
- Red, hot, and dry skin (no sweating);
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Skin: may be cool and moist
- Pulse rate: fast and weak
- Breathing: fast and shallow

### **What you should do:**

- Call 911 immediately;
- Move person to a cooler environment;
- Cool the person’s body temperature with cool, wet towels and fanning, have person lie down with feet elevated;
- Do NOT give fluids.

The CDC [website](#) has additional information and prevention guides related to periods of extreme heat.

*Becky Callicrate, Safety, Oversight and Quality Unit*

### **Excel tip – Online training available**

Do you want some extra training on how to use Microsoft Excel and don’t know how to get it?

The [iLearn site](#) has multiple learn-by-doing trainings for Excel 2013 and 2016 at beginner, intermediate, and advanced skill levels.

In addition to the basic levels of training, there are specific training options on topics such as formulas, charts, tables, macros, keyboard shortcuts, the IF function, and creating workbooks.

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Courses are self-paced and repeatable so there is no pressure. Check out all the available options!

### **2017 Privacy and Security Awareness training**

The mandatory training for privacy and security is available on [iLearn](#) under keywords: *privacy* and *2017*. Employees, volunteers, **partners, and contractors** of DHS are required to complete one online training **by October 13, 2017**.

The training is about an hour and can be stopped and restarted as needed. Staff must all the way to the last screen to get full credit. See the [ISPO intranet page](#) if you have any questions.