

Information Memorandum Transmittal Aging and People with Disabilities



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Topic: Long Term Care

Subject: New CAM Indicator in Oregon ACCESS

Number: APD-IM-19-073

Issue date: 10/10/2019


Due date:

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 | |

Message: As indicated in [APD-IM-19-045](#), a new Centralized Abuse Management (CAM) checkbox has been added in Oregon ACCESS on the Person Tab. Since information is not passed between CAM and Oregon ACCESS that box must be updated manually.

Effectively immediately, when APD/AAA staff are notified by an APS investigator that an investigation has been initiated the worker must check the new CAM box. The checkbox is intended to serve as a flag for staff so that they are aware of the investigation. Once the CAM checkbox has been checked it **should not** be unchecked at any time.

Furthermore, when the CAM box is checked, a 'C' will appear to the right of the current APS umbrella icon () . See screen shot below of where the new CAM checkbox is located.

Case for [REDACTED]

Person Address Vet/Nat Amer Contacts Prev Asst Education CM Service(s)

Person List

	Last Name	First Name	M.I.	Role	Verified
1	[REDACTED]	[REDACTED]	[REDACTED]	Primary Applicant	Yes

Person Detail

SSN: [REDACTED] DOB: [REDACTED] Prime Nbr: [REDACTED]

Citizenship: US Citizen Legal Alien Other Sex: Male Female Disabled: Blind:

Live in: House Death Date: 00/00/0000 Stay in Oregon:

Marital: Divorced Lang Spoken: English Spouse is or was a vet:

Race: White Lang Read: English Unpaid medical bills:

Ethnicity: Not - Hispanic or Latino Alt Format: None CAM:

1. Tele Nbr: [REDACTED] Ext: Type: Message

2. Tele Nbr: (000) 000-0000 Ext: Type: None

3. Tele Nbr: () - Ext: Type:

4. Tele Nbr: () - Ext: Type:

E-Mail:

454D Comments

Verified:

If you have any questions about this information, contact:

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