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Authorized Signature

Number: APD-PT-14-028
Issue Date: 8/22/2014

Topic: Long Term Care

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |

Policy/rule title:	Client Assessment and Planning System (CAPS) upgrade and Oregon Administrative Rule (OAR) changes pertaining to assessments		
Policy/rule number(s):		Release no:	
Effective date:	8-4-2014	Expiration:	
References:			
Web Address:			

Discussion/interpretation: Effective August 25th, 2014, the assessment portion of the Client Assessment and Planning System (CAPS) has been upgraded as follows:

- Changed from a question wizard format, to a statement format with rule-based multiple choice selections.
- The quick help header will now have assessment tips, along with Oregon Administrative Rules (OAR) to be used while assessing an individual. The quick help does not eliminate the need to use OAR, but provides a quick reference with useful tips and information.
- Each ADL and IADL will now have one screen, rather than multiple screens.
- Begin using the new assessment format for reassessments when reassessments

come due and immediately for initial assessments.

- Pended assessments entered prior to close of business on Friday, August 22nd, 2014 will be based on the “question” wizard used prior to this CAPS upgrade.

Highlights of CAPS Assessments, OAR & Policy

(The information below is not intended to be all inclusive of the CAPS assessment upgrade, [OAR](#) and policy, but areas that need extra clarification. Please continue to use OAR and the tools located on the [APD Case Managers Tools](#) website)

Assessing Ambulation and Transfers

Falls:

- The falls questions were removed from the CAPS assessment, but are still a consideration in the assessment process. Falls will simply not be the primary focus of the mobility section in the CAPS assessment. The following bullets will provide tips for assessing falls.
- The focus of mobility is about assessing the individual’s “ability” to ambulate and transfer.
- A person may not have a problem ambulating or transferring when the person falls within the 30 day assessment time frame.
 - For example, an individual states they fell 2 weeks ago due to tripping on a shoe left on their living room floor. Through conversation and observation of the individual walking, you learn the individual does not have a mobility problem.
This was an isolated incident where the individual didn’t get hurt and continues to be surefooted. Remember, we all trip and fall at times, but it doesn’t mean we have problems walking.
- An individual that did not have a problem walking, but fell and hurt themselves while walking may now have mobility problems.
 - For example, prior to the fall, the individual was able to ambulate. The individual tripped on a shoe left on their living room floor and broke a hip. This person may now have mobility problems as a result of the fall (this may be short-term).
- There are many reasons a person may fall due to existing mobility problems. Below is a couple of examples of why a person with existing mobility problems may fall:
 - Individuals may fall while ambulating because their knees give out unexpectedly.
 - An individual may fall because they have become weak and wobbly following a stroke or other medical conditions.
- Once it is determined that the individual has mobility problems, it is still necessary to ensure that the OAR [411-015-0006](#) mobility criteria is met.

Bedbound (i.e, never able to get out of bed):

- Previously, APD assessed a truly bedbound person to be “independent” in

ambulation. This was because a bedbound person was not receiving direct hands-on assistance from another person.

- Now, assess a truly bedbound person as full assist, as these individuals are receiving full assistance with activities related to ambulation.
- Assess bedbound individuals similar to assessing an individual that needs another person to push their wheelchair for them.
 - For example, some wheelchair bound individual cannot ambulate unless another person holds onto the wheelchair and pushes the wheelchair for them. The wheelchair is considered an extension of the person and is considered to be hands-on assistance, resulting in full assist in ambulation.

Now consider this for a person that isn't wheelchair bound, but is bedbound. The caregiver becomes an extension of the person, as the caregiver is ambulating for the individual to take care of their needs, such as to get a glass of water or clothing to dress.

The caregiver is considered an extension of the bedbound person, the same as the wheelchair was an extension of the wheelchair bound person. Both of these situations are considered hands-on assistance of another person.

Assessing Bathing and Personal Hygiene

Bathing:

- In CAPS, bathing has been broken into three steps as follows:
 1. Inability to get in and out of the bath tub or shower.
 2. Inability to fully complete the tasks of washing their body. If an individual cannot fully accomplish washing any part of their body, then the individual cannot complete this step of bathing. Do not break bathing the body into multiple parts of the body, as bathing is one step.
 - For example, an individual can wash their abdominal area, but is unable to wash the remaining portions of their body. This means the person is unable to fully accomplish this step.
 3. Inability to wash their hair.
- Any step above that the individual is unable to fully accomplish is considered the inability to complete the step. Meaning, the individual would not be able to complete the entire step without assistance from another person.
- The following is a quick reference to need level criteria:
 - Independent means no assistance is needed to fully complete all 3 steps.
 - Assist means unable to accomplish one or two of the steps without hands-on assistance some or all of the time, but is always able to complete at least one of the steps; or
Unable to accomplish all 3 steps without hands-on assistance some of the time; or
Needs cueing or stand-by assistance with 1 to 3 steps some or all of the time.

- Full Assist means unable to accomplish all 3 steps without hands-on assistance each time bathing occurs.

Personal Hygiene:

- Tasks of menstruation care are now captured in this section for individuals unable to complete this care need independently.
- The word “and” was removed in CAPS from the definition and replaced with the word “or”. The OAR definition has been amended and filed to reflect CAPS as: Personal hygiene means the activities of shaving, caring for the mouth or assistance with the tasks of menstruation care.
- Adding the “or” will allow more flexibility for individuals who need full assistance for at least two of the tasks, but not the third task. Not all individuals will have tasks of menstruation care, but otherwise would meet the full assist definition of this rule.
- The following need levels are in the CAPS assessment and quick help headers. OAR on these need level is being amended to meet this need. This new way of assessing personal hygiene will not change the CAPS need level results of assist or full assist.
 - Assist need level: removed the wording “some tasks” and added a frequency of “at least one task”. Meaning an individual must need assistance with at least one of the three personal hygiene tasks some or all of the time during the assessment time frame.
 - Full Assist need level: added a frequency of “at least two personal hygiene tasks”. Meaning an individual must need assistance with at least two of the three personal hygiene tasks always during the assessment time frame.

Assessing Dressing and Grooming

Dressing:

- In CAPS, dressing has been broken into two steps as follows:
 1. Inability to fully complete the task of dressing or undressing the top half of the body.
 2. Inability to fully complete the tasks of dressing or undressing the bottom half of the body.
- Any part of a step the individual is unable to fully accomplish is considered the inability to complete the full step.
 - For example, an individual is able to put his right arm into the sleeve of a shirt, but not the left arm. This means the person is unable to fully accomplish this step.
- The following is a quick reference to need level criteria:
 - Independent means no assistance is needed to fully complete step 1 and 2.
 - Assist means the individual always needs hands-on assistance for step 1 or step 2; or
Does not always need hands-on assistance with step 1 and step 2, but sometimes needs assistance with both steps; or

- Needs cueing or stand-by assistance with step 1 or 2 some or all of the time.
- Full Assist means always needs hands-on assistance for step 1 and 2.

Grooming:

- Nail care consists of cutting and cleaning toe nails and/or finger nails.
- Hair care includes tasks to brush and comb hair and may include activities such as using rubber bands, barrettes, braiding hair, pony tails, etc...
- Please refer to the CAPS quick help for more detailed information on the need levels of independent, assist and full assist.

Assessing Meal Prep

Breakfast, Lunch and Dinner/Supper

- To ensure the CAPS assessment algorithm value allows the largest number of hours for the individual's main meal of the day, when assessing and developing service plans, dinner/supper is considered the individual's main meal of the day, regardless of the time the meal is served or eaten.
- Assess the individual's ability to safely prepare food to meet basic nutritional requirements.
- When assessing meal preparation, an individual is not required to use a microwave or toaster to prepare their meal. Consider the individual's ability to prepare a meal to meet their basic nutritional requirements, regardless of the cooking devices the individual uses.
 - For example, does the individual have the ability to plan a meal, put the ingredients together, use pots and pans, cook the meal, cut up the food and bring the food to the table to eat.
 - For individuals who do not have the ability to prepare a meal some or all of the time without the use of a microwave or toaster, the person would be either an assist or full assist need level depending on the frequency of the need.
 - If individuals choose to use a microwave or toaster to prepare some or all of their meals, determine the in-home service hours as appropriate to the task.
- Individuals receiving home delivered meals (HDM) may be an assist or full assist need level if they do not have the ability to prepare a meal. Hours may need to be reduced for these individuals.
- Cutting food up or bringing food to the table is part of meal preparation, not eating.

Assessing Cognition and Behaviors

All eight CAPS quick help headers will have information about the following:

- Definition of the assessment time frame.
- When the assessment time frame can be expanded more than 30 days prior to the assessment date.
- Tips on assessing the specific areas of cognition or behaviors.
- Provides at least one example for the area of cognition and behaviors being assessed.
- Please refer to the CAPS quick help for more detailed information on the need levels of independent, assist and full assist.

Implementation/transition instructions: Already implemented.

Training/communication plan: Provide technical support as needed.

Local/branch action required: Use the upgraded CAPS tool and application of policy described in this transmittal.

Central office action required: Provide technical support as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations Committee and APD Policy Workgroup

Filing Instructions:

If you have any questions about this policy, contact:

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