





Jeremiah W. (Jay) Nixon Governor

> PM-16-03 VM-16-03

August 12, 2015

MEMORANDUM FOR ALL HOME AND COMMUNITY BASED CARE PROVIDERS

FROM:	Celesta Hartgraves, Director Celester Hartgraves
	Division of Senior and Disability Services

SUBJECT: Provider Staff Safety Documentation

Situations may arise that pose a safety risk (e.g., drug use, weapons etc.) to individuals entering and working with a participant in their home.

In order to ensure that Home and Community Based Services (HCBS) providers and Division of Senior and Disability Services (DSDS) staff serving the participant are kept informed of potentially threatening situations, DSDS requests that details surrounding the potential risk are documented within the HCBS Web Tool.

The following steps shall be followed to thoroughly document these types of situations:

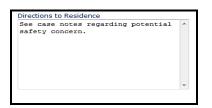
- On the Participant Case Summary screen
 - Select the Verify Address icon \heartsuit in the Demographics section.
 - Within the Address pop up box, add a note that states 'See Case Notes Regarding Potential Safety Concern' in the Directions to Residence section.
 - Select the save icon 1 at the bottom of the Address pop up box.
 - Select the save icon 0 at the bottom of the Demographics Section.

www.health.mo.gov

Healthy Missourians for life. The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health. PM-16-03 VM-16-03 August 12, 2015 Page 2 of 3

	to us any terminal	
https://hcbsuat.cyberaccesse	https://hcbsuat.cyberaccessonline.net/?RecipientPriKey=35886300&P	🗙 🖌 Healt 🥖 Cyber Access - Patient De 🤌 Participant Case Summ × 👘 🏠 🏠 🥨
File Edit View Favorites Tools H		
× 🕒 Share Browser WebEx 👻	Address	🏠 🔻 🛐 👻 🖃 🛲 👻 Page 🖛 Safety 🖛 Tools 🕶 🖗 🖛
	FSD Address	
HCBS - Home	Address G300ADD1 G300ADD2 G300ADD2 G300ADD2 G300ADD2 G300ADD2 G300CITV, MO G3703	
Case History Documents 🕨	Primary Phone: 630-000-0000 County/FIPS: CAPE GIRARDEAU 031	
Demographics	Is this the participant's Current Address? O Yes O No	
First Name 6300FNAME I	Current Address	Primary Language ENGLISH
Last Name 6300LNAME Date of Birth	Address 1 123 s *	arital Status/Living Arrangement Widowed, living alone
DCN	Address 2	Special Communication Needs Other
Race White Gender Female	City s *	E Previous Notes
Primary Phone # 630-000-0000	State Missouri -	pecial Communication Needs Notes
Other Phone # -	Zip Code 65101-0000 *	
Verify Address (7)	Primary Phone 345 345-3453 *	
	County/FIPS ST. LOUIS (CITY) 510 V	
	Directions to Residence	6
Physician Information	See case notes regarding potential safety concern.	
ID		DEA ONPI
First Name DENNIS		ame ABERNATHIE
City COLUM		ode 65201-6626
		G 🕤 🧿
Mandated reporters (Chapter 565.18 1-800-392-0210 to make a report.		required to contact the Division of Senior and Disability Services Hotline at
Eligibility		
HCB Medicaid Referral CDS Rest	ricted	
HCBS Eligibility Determination HCBS Elig		
	Participant has met age and MO HealthNet funding re	quirements on 8/4/2015
Other Information		
		€,100% •
	💥 🔿 🚾 W	11:49 AM 💊 🐺 🗤 🗤 🗤 🗸 🖉

The 'See Case Notes Regarding Potential Safety Concern' entry will populate in the 'Directions to Residence' box on the Participant Case Summary screen after the Save icon is selected.



Select the Case Activities button Case Activities at the bottom of the Participant Case Summary screen.

On the Case Activity screen in the Case Notes section, add a case note documenting the potential safety risk.

Case Notes		
Date Created Between	and	
Created By	All 🔻	\mathbf{x}
Note Type	All	
		000
Deleted Core Neter		Add New Case Note

PM-16-03 VM-16-03 August 12, 2015 Page 3 of 3

When completing this type of case note (as with all case notes) the user shall ensure the information entered:

- Provides a detailed description of the facts observed and avoids judgements;
 - Use action verbs and descriptive phrases
- Is accurate and professional;
- Uses plain language and avoids jargon, unidentified abbreviations and excessive wordiness;
- Is concise;
 - Use specific terms and avoid the use of some, often, many several, etc.
- Addresses who, what, where, when, why and how; and
- Is organized and entered timely.

Any questions regarding the memorandum should be directed to the Bureau of Program Integrity at programintegrity@health.mo.gov or (573) 526-8557.

CH/JB

CC: Distribution List 3 & 4