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Aloha CMA and CCFFH Operators,

The information contained in this official newsletter has been reviewed and approved by DOH/OHCA. It is being distributed to all CMAs and CCFFHs.

Newsletter #115

September 12, 2023

Aloha CMAs and CCFFH Operators,

**§11-800-44 Client transfer and discharge** provide the CCFFH operator with guidance on managing the transfer or discharge of a client.

1. For **non-emergent transfers or discharges**, a minimum of 3 weeks advance notice must be given to:
  - a. The CCFFH and the CMA when the client/client's legal representative initiates the request.
  - b. The client/client's legal representative when the CCFFH or CMA initiates the request.
2. Three weeks advance notice is **NOT** required:
  - a. For emergency transfers or discharges
  - b. When the transfer or discharge is mutually agreed upon by all parties.
  - c. When the transfer or discharge is related to the revocation of the CCFFH's certificate.
3. Emergency transfer or discharges – when the CCFFH operator and/or caregiver(s) are unable to meet the needs of the client or provide care as directed by the service plan. This may include:

- a. Aggressive behaviors exhibited by the client that place the caregiver's health, welfare, or safety at risk.
  - i. Examples include a client assaulting, hitting, choking, threatening a caregiver.
  - ii. The client's medical condition requires around the clock monitoring.
  - iii. Not getting along with a client and/or client representative is not considered justification for an emergency transfer or discharge.

### **When is your client discharged and when are they still your client?**

- **ER Visits:** If a client is brought to the emergency room due to a medical need, the client is still legally a resident of the CCFFH and must be accepted back to the CCFFH if it is determined that the client *does not meet criteria for admission to the hospital*.
  - a. Client's may spend an extended period of time in the emergency room being monitored, and may not end up being admitted. The CCFFH operator is expected to respond timely to pick up the client and bring them back to the CCFFH following a discharge order or to arrange appropriate transportation if the CCFFH has an alternate transportation plan.
  - b. A CCFFH may not drop off a client in the emergency room for their own personal emergencies. CCFFHs are required to have adequate SCG coverage for such events.
- **Hospital admissions:** If a client is seen in the emergency room, and requires further medical supervision and treatment, and meets admission criteria, they may be "admitted" and move to an inpatient bed within the hospital. Once it is determined that the client has been admitted as an inpatient, the CCFFH operator may re-evaluate the client's needs upon discharge prior to re-admitting the client back into the CCFFH. The CCFFH operator may decline to readmit the client if they can no longer meet the needs of the client or provide care as directed by the service plan.
- **Written Notice Given:** Even if the CCFFH gives the appropriate written notice, if the CMA has not been able to locate another appropriate placement that client must remain and be provided services in their current CCFFH until the CMA can find another location.

CCFFH operators are encouraged to meet the client/client's legal representative prior to accepting the client for admission to ensure you and

your caregivers have the skills necessary to meet the health, welfare, and psychosocial needs of the client, including the needs identified by the service plan. CCFFH operators should advocate for themselves and their staff by ensuring the CMA provides all necessary skill delegations at the time of admission, and as the client's service plan changes. CCFFH operators should have the name and contact number for all physicians, therapists, case managers, social workers, and legal representatives at the time of admission. CCFFH operators must be familiar with all client medications including those given daily and those given as needed for signs and symptoms of their health condition(s).

### **Tips on Managing Client who exhibit challenging behaviors:**

1. Report all disruptive behaviors to the CMA and/or the PCP.
2. If the client has a therapist or a psychiatrist, notify them.
3. Know the client's "PRN" medications - administer prescribed medications as instructed if appropriate.
4. Keep all medical and therapy appointments as scheduled. Inform the medical providers of any changes or updates on the client's behaviors.
5. Provide frequent and routine toileting. Keep incontinent clients clean and dry.
6. Observe for signs and symptoms of urinary tract infections (UTI), such as frequent urination, painful urination, difficulty urinating, bad smelling or cloudy urine. \*Note that elderly clients do not always experience a high temperature/fever related to a UTI.
7. Provide distractions – offer to go for a drive, participate in social functions, involve in family activities and meals, encourage visitors, provide access to games, puzzles, music, and their favorite TV programs.
8. Be consistent with their schedule and daily routine.
9. Ask clients what they want to do each day.
10. Explain tasks as you complete them with the client.
11. Work closely with the client, their family, legal representative, the CMA, and the PCP to identify and meet the needs of the client.
12. Understand that it takes approximately 6 months to a year for a new client to acclimate to a new CCFFH. Especially if they are new to the CCFFH program.
13. Clients go through stages of grief with loss of independence, their belongings, family, and friends.

14. Identify any pre-cursors or triggers and whether you can change the client's environment or routine to prevent the behaviors from occurring in the first place.
15. Ask for behavioral supports via the client's CMA with their health plan.
16. Do not take their challenging behaviors personally.
17. Make sure to document in detail in the client's progress notes both when the challenging behaviors have occurred and when the client is not exhibiting the behaviors. There may be a pattern that can assist with understanding the client better.



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