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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 #133

February 15, 2025

Aloha CMAs and CCFFH Operators,

Medication Safety Concern

It has been noted that medication weekly/monthly planners (pill organizers) have been found by CTA nurse surveyors being used in CCFFHs. Use of medication planners are not authorized to be used in any CCFFH (unless the client is self-medicating, and they use one of their own).

There is currently no CMA that has performed RN delegation that includes the use of pill organizers. CTA has previously published a newsletter regarding Medication Administration. Caregivers should be following their RN delegation steps and comparing the bottle to the MAR and ensuring they document all meds that were given, refused and/or any medication errors.

Any client who administers their own medication would have it written in their service plan that they do so. There is no reason to obtain a doctor's order unless the client's CMA wants to have one on file. Clients who self-administer should have their medications out of reach of other clients who may wander into their room and should store their medications appropriately to limit access to others to prevent medication errors.

Client Records

Client records must be returned as soon as possible to the client's case management agency after a client is discharged from a CCFFH. When a client leaves a CCFFH, that CCFFH no longer has any consent of release of information to have access to that person's health record. The record should be hand delivered or mailed to the CMA. If the CMA wants to come and pick up the record, the CCFFH must make it available.

CCFFHs are NOT to keep copies of any client chart/records. It is a HIPAA confidentiality and HAR 11-800 violation to do so.

Medicaid Pending

Medicaid pending clients continue to be considered as a private pay client for bed status purposes. However, CTA encourages all CCFFHs to work with that client and develop a contract to accommodate for the fact that they may not be able to afford private pay rates and that the CCFFH will get paid retroactively back to the date of their Medicaid application when approved by Med-Quest. The contract can stipulate what the client will owe if the Medicaid is denied.

If CTA discovers a Medicaid Pending and a Private Pay client in the same CCFFH, the last client admitted to the CCFFH will be required to be discharged since that client should not have been admitted by the CCFFH since they already had a bed labeled Private Pay filled.

Mahalo



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