

Proprietary Acuity-Based Staffing Tool (ABST) ODHS Review Request

ODHS Use Only	
Date received	
Determination date	

Corporation name (if there is one): _____

Facility name or names: _____

Date of submission: _____

Contact person for follow-up questions:

Name and title: _____

Email: _____ Phone: _____

The facility must follow the below process to submit a proprietary ABST tool review request. The facility ABST summary statement requirements are described below.

Proprietary ABST review request

Email the following with this completed form to the Oregon Department of Human Services (ODHS) at CBC.ABST@odhs.oregon.gov.

- An ABST report. This report must identify:
 - » All the residents
 - » The care elements outlined in Oregon Administrative Rule (OAR) 411-054-0037(3) for each resident, and
 - » The staff time to complete each care element.
 - » Total staff time in minutes, ideally per shift, per day.
- The ABST policy and procedure.

Proprietary tool

Fill in the questions below. You can add more pages if needed. Refer to the ABST Provider Guide for detailed instructions, found on the [ABST website](#).

1. What is the name of the ABST _____
 2. What are the sources of data that generate the ABST report? Also, how is this data collected (for example, resident service plan evaluation, ABST evaluation, etc.)?
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3. How does the ABST address and document every care element for each resident? Also, how does it show the care time required to complete each care element outlined in:
 - » OAR 411-054-0005(4), and
 - » OAR 411-054-0037(3)?
- For example:
 - » Does the ABST combine multiple care elements under one category or use different names? Show how each required care element is built in or explain any differences in names.

4. How does the ABST address and document care elements for:

- Independent residents, or
- Those who don't need any services under care elements outlined in:
 - » OAR 411-054-0005(4), and
 - » OAR 411-054-0037(3)?

5. How does the ABST convert time for each resident into the total time in minutes needed per day, ideally per shift, per day?

6. How do you export and print the ABST report for ODHS review? For example, is the required ABST report information in one or multiple reports?

7. For residents receiving service through a specific needs contract:

- » How does the ABST account for the residents on contract?
- » How do you export and print ABST reports for ODHS review?

8. What is your policy and procedure to address and calculate unscheduled care needs?

Note: ODHS may request other information or a virtual meeting to find out more about how the ABST operates.

ABST summary statement

Each facility with an ODHS approved ABST must also develop and maintain an ABST summary statement. The summary statement at a minimum must cover:

- The name of ABST.
- The date ODHS approved the ABST.
- The source of the data to generate the ABST report and how the data is collected.
- How the facility exports and prints an ABST report for ODHS review. Also, how this report includes residents with specific needs contracts.
- What report shows the last update to residents' ABST evaluations?
- How the staff time required per day, ideally per shift, per day, is shown in the ABST report.
- A comparison between:
 - » Required care elements, and
 - » How care elements are shown in the ABST report.

The ABST summary statement must be easy to get if ODHS asks for it during ABST reviews.

Name: _____

Title: _____

Signature: _____

Date: _____

Return to: CBC.ABST@odhs.oregon.gov

For ODHS review only

Determination: Approved Denied

Disclaimer:

ODHS reviews the ABST system to ensure it meets the minimum requirements of OAR 411-054-0037.

This includes:

- Addressing all required resident care elements with the staff time to complete each element, and
- Total time in minutes needed to meet the scheduled needs of residents outlined in the ABST.

If an approved tool is not effectively implemented and used in compliance with the OARs, ODHS may:

- Issue licensing citations that apply, and
- Impose corrective action.

In addition:

- Onsite facility management must understand and explain the functionality of the ABST. This applies even to approved tools.
- The facility or corporation must resubmit this form to ODHS as described in the rule, if:
 - » There are substantive changes to the design or functionality of its ABST, and
 - » The changes make the information submitted to and approved by ODHS no longer accurate or valid.
 - » Resubmit this form before putting those changes into effect.
- ODHS can request a review of the ABST at any time. If the ABST no longer meets the minimum rule requirements in OAR 411-054-0037, due to changes made, ODHS can rescind the approval.
- If rescinded or denied, the facility may request an informal conference. The hearing rights are outlined in OAR 411-054-0037 and OAR 411-054-0110(9).

Comments:

The facility must keep a signed and dated copy of this form and make it available to ODHS upon request.

Signature: _____

Date: _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact CBC.Team@odhs.oregon.gov or call 503-373-2227. We accept all relay calls.