

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-22-037

Issue date: 8/10/2022

Topic: Protective Services

Due date:

Subject: Facility Draft Report Distribution

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

This Action Request provides direction regarding the distribution of draft Adult Protective Service (APS) investigative reports to licensed facilities for the purpose of safety planning required by OAR 411-020-0120(8). The Aging and People with Disabilities (APD) and Area Agency on Aging (AAA) local offices are responsible for the distribution of their completed investigative reports.

1. Once a substantiated abuse investigation has been approved by the local office and submitted to SOQ in CAM for secondary approval, an APS Report – Draft/Preliminary must be provided to the licensed facility for the purposes of safety planning.
2. Centralized Abuse Management (CAM) contains a draft/preliminary report template named “APS Report – Draft/Preliminary Redacted w/Cover Letter”. CAM generates both a letter to the facility and a redacted report with a disclosure on each page of the report indicating it's a preliminary report for safety planning purposes only.

3. The attached cover letter (created/uploaded with the redacted report) ensures each facility is aware of substantiated finding(s). The purpose is for the facility to implement safety plans to prevent further harm or risk of harm to all residents. The letter ensures consistent and accurate communication regarding the purpose of the report and its intended use for only safety planning purposes. Local offices should add the office letterhead to the cover letter before mailing. The yellow highlighted portions of the letter noted below will be auto populated by CAM.

Reason for action:

Distribution of draft investigative reports with substantiated findings of abuse allows licensed facilities to develop safety plans to mitigate the risk of further harm to all residents. Safety planning can be implemented at any stage in the investigative process. The APS Report – Draft/Preliminary Redacted w/Cover Letter ensures the facility administration is aware of all the reported concerns outlined in the investigative report for overall safety planning purposes.

Date

Name of Provider

Address

City, State, Zip Code

Dear Provider:

Enclosed you will find a draft Adult Protective Service (APS) report #number substantiating abuse. A copy of this report has also been sent to the Safety, Oversight and Quality (SOQ) unit for further review, approval, and processing. Once the report has been processed by SOQ you will be notified of the outcome, this is not the final notice. This draft report has been provided to you for the development and implementation of necessary safety plans preventing further harm to Oregonians.

There are times when the substantiated finding or other areas of the report may change based on the review by SOQ. This may result in you receiving a final notice that differs from the draft APS report you are receiving with this letter.

You will be provided information by SOQ on how to dispute the findings of the report once processing is completed. The draft report attached is provided at this time ONLY to allow you to engage in appropriate safety planning.

Thank you for your cooperation and efforts in keeping Oregonians safe.

(Local Office Information)

Field/stakeholder review: Yes No

APD Operations, APS Supervisors, SOQ, APS Policy

If yes, reviewed by: Advisory Committee, and the APS Unit

If you have any questions about this action request, contact:

Contact(s): Central APS Technical Assistance	
Phone:	Fax:
Email: APS.TechAssistance@dhsoha.oregon.gov	