

# Action Request Transmittal Aging and People with Disabilities



Erika Miller

***Authorized signature***

**Number:** APD-AR-23-009

**Issue date:** 3/23/2023

**Topic:** Protective Services

**Due date:**

**Subject:** Accidental Approval/Changes of Facility Reports

## **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 AR updates and replaces the previous AR # APD-AR-20-098.

If you inadvertently "Approve" a Facility report or after approval it is determined additional work to the investigation is needed, please take the following steps:

## **Immediately:**

Send an e-mail with the CAM case number and the Facility Name to:

- Corrective Action Coordinator - The Corrective Action Coordinator will appear as a field in the right-hand column of Details section in CAM when it is in Approval 2 status. When you hover over their name, their e-mail address will be visible.
- APS Amendment box at [Requests.APS-Amendment@odhsoha.oregon.gov](mailto:Requests.APS-Amendment@odhsoha.oregon.gov). Identify that the case was approved in error or additional information needs to be added to the case and it should not be processed by SOQ.

Copy the following contacts in your e-mail:

- SOQ Community Based Care team at. [cbc.team@odhsoha.oregon.gov](mailto:cbc.team@odhsoha.oregon.gov), and
- The assigned investigator.

The Abuse Investigations Coordinator managing the APS Amendment box will review the request and determine whether the case can be returned to “Assigned for Investigation” status. For the request to be processed, the case must be in Approval 2 status, pending SOQ’s review and approval.

Once SOQ has approved the case and it is in “Notifications in Progress” we are unable to make changes.

**Reason for action:**

Selecting the “Approve” button on a facility investigation sends an immediate notification to SOQ that the report is ready for their review. If they are not alerted that this was sent in error or a needed change has been identified, they will begin their review process of approving or submitting an amendment request.

This action request is an attempt to streamline and standardize this process in a manner that reduces unnecessary work and re-work by multiple individuals. Additionally, it highlights the importance of the timeliness of these requests once the case has been sent to SOQ.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** SOQ and APD Operations

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

Contact(s): Central APS Technical Assistance	
Phone:	Fax:
Email: <a href="mailto:APS.TechAssistance@odhsoha.oregon.gov">APS.TechAssistance@odhsoha.oregon.gov</a>	