

Ashley Carson Cottingham  
**Authorized Signature**

**Number:** APD-PT-17-026  
**Issue date:** 7/31/2017  
**UPDATED**

**Topic:** Protective Services

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other: \_\_\_\_\_

**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             | <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"/> ODDS Children’s Residential Services          | <input type="checkbox"/> Other (please specify):                             |
| <input type="checkbox"/> Child Welfare Programs                        |  |

|                        |                                    |             |  |
|------------------------|------------------------------------|-------------|--|
| Policy/rule title:     | Facility Draft Report Distribution |             |  |
| Policy/rule number(s): |                                    | Release no: |  |
| Effective date:        |                                    | Expiration: |  |
| References:            |                                    |             |  |
| Web address:           |                                    |             |  |

**Discussion/interpretation:** Per APD-PT-17-014 local offices were told to eliminate the 10-day draft review period for all APS investigations. This new process enabled APD to better comply with statutory time limits set for completion of reports and corrective action.

In order for providers to develop safety plans for allegations addressed in the reports, however, it is necessary for them to receive a copy of the draft 723 report. The 10 day draft review period will NOT be re-implemented. The provider will only receive a copy of the draft report with the attached letter, to all licensed facilities (AFH, NF, RCF, and ALF). The letter will explain the provider’s responsibility for developing and initiating an appropriate safety plan to mitigate the risk for further harm to all consumers.

**Implementation/transition instructions:** Effective August 1, 2017 once the Supervisor's approval is granted, the report will be closed. The report then will be sent to Safety, Oversight and Quality Unit for processing. At the same time, the local office will mail a copy of the substantiated closed draft report to the provider, requesting that they develop and implement a safety plan. This ensures that the provider is notified of all allegations and is provided with necessary contact information.

The attached letter is crucial and should be sent out by local APD/AAs offices with each draft report for two reasons:

- 1) Each provider should be receiving the exact same verbiage with draft reports so it is clear what purpose the report is being sent for and the language needs to be identical with each draft report, not matter where it is being sent from.
- 2) The expectation is that each office will add their own header to the letter to personalize it.

**Training/communication plan:** APS Power Hour, APS Supervisor's Meetings and Core Competency Training.

**Local/branch action required:** Effective August 1, 2017.

**Central office action required:** Clarification of APD-PT-17-014.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Operations and Policy Groups

**Filing instructions:**

*If you have any questions about this policy, contact:*

|                    |                            |             |  |
|--------------------|----------------------------|-------------|--|
| <b>Contact(s):</b> | Marsha Ellis               |             |  |
| <b>Phone:</b>      | 503-945-6415               | <b>Fax:</b> |  |
| <b>Email:</b>      | marsha.m.ellis@state.or.us |             |  |

Dear Provider,

Enclosed you will find a draft Adult Protective Service (APS) report. A copy of this draft report has also been sent to the Safety, Oversight and Quality unit for processing. Once the report has been reviewed and processed you will be notified of the outcome.

This draft report is being sent to you as a courtesy to allow you to implement necessary safety plans in order to prevent further harm to all consumers. Please review the report and develop necessary safety plans.

You may be contacted by the local Aging and people with Disabilities, Area Agency on Aging office, or Safety, Oversight and Quality staff to discuss your safety plan and actions you have taken to ensure consumers' safety as it relates to the issue(s) identified in the draft APS report.

You will be provided information on how to dispute the findings of the report once processing is completed and the report is finalized. 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 for your efforts in keeping Oregonians safe.