Par. 1. Material Transmitted and Purpose -- Transmitted with this Manual Letter is revised Service Chapter 690-01, "Vulnerable Adult Protective Services, Policies and Procedures."

**Added** Century Code

**Legal Authority 690-01-05**

- Public Law 109-365, Older Americans Act of 1965, as amended in 2006; 2-U.S.C. § 3001 et seq.;
- North Dakota Century Code Chapter 50-25.2; and
- North Dakota Century Code Section 50-06-05.3; and
- North Dakota Century Code Chapter 12.1-31-07, 07.1, ~~and~~ 07.2, and
- North Dakota Century Code Chapter 25-01.3-04.

**Correction** in language and added a definition.

## Definitions 690-01-10

**Abuse** – Any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of an ~~a~~ vulnerable adult. N.D.C.C. § 50-25.2-01(1).

**Medical and Mental Health Professional** -- a professional or personnel providing health care or services to a vulnerable adult, on a full-time or part-time basis, on an individual basis or at the request of a caregiver, and includes a physician, nurse, medical examiner, coroner, dentist, dental hygienist, optometrist, pharmacist, chiropractor, podiatrist, physical therapist, occupational therapist, addiction counselor, counselor, marriage and family therapist, social worker, mental health professional, emergency medical services personnel, hospital personnel, nursing home personnel, congregate care personnel, or any other person providing medical and mental health services to a vulnerable adult. N.D.C.C. § 50-25.2-03(1).

**Added** new language to this section.

## Division Administrative and Management Functions 690-01-15

The Department of Human Services, Aging Services Division, in cooperation with County Social Services ~~has been~~ will develop, administer, and implement ~~given the authority to develop and administer~~ the Vulnerable Adult Protective Services Program in North Dakota.

**Added** language to state the cooperation with the county office and Aging Services.

## Program Implementation 690-01-15-01

Aging Services Division, in cooperation with county social services, has established the Vulnerable Adult Protective Services Program in accordance with the requirements of Title VII and III of the Older Americans Act and consistent with State law.

**Added** language regarding the department and county social service boards are not required to implement or enforce information in this chapter.

## Funding 690-01-15-10

Each year Congress appropriates Older Americans Act funds to carry out programs for the prevention of elder abuse, neglect, and exploitation.

Older Americans Act funds cannot be expended for clients under the age of 60.

The department and county social service boards are not required to implement or enforce this chapter with respect to any region, area, or county of this state if the legislative assembly does not provide an appropriation to support the implementation and enforcement of this chapter within that region, area, or county. N.D.C.C. § 50-25.2-14.

**Added** Program to the Elder Right Administrator title.

**Technical Assistance & Education 690-01-15-15**

Aging Services Division provides technical assistance and education in the implementation of the Vulnerable Adult Protective Services Program. Upon request, technical assistance is provided to other agencies, organizations, and individuals.

All requests for technical assistance, including inquiries requiring legal clarification and guardianship, should be directed to Aging Service Division Elder Rights Program Administrator. The Elder Rights Program Administrator will contact the Department of Human Services' Legal Advisory Unit as necessary for information and clarification.

**Community and Staff Training**

Aging Services Division, in cooperation with other agencies, shall conduct a public education program to identify and prevent abuse, neglect, and exploitation. The education program shall include:

- Information regarding the laws governing the abuse, neglect, or exploitation of vulnerable adults;
- ~~Voluntary~~ Mandatory reporting;
- The need for and availability of Vulnerable Adult Protective Services; and
- Information for caregivers regarding services to alleviate the emotional, psychological, physical, or financial stress associated with the caregiver or vulnerable adult relationship. N.D.C.C. § 50-25.2-13.

Aging Services Division, in cooperation with other agencies, shall institute a program of education and on-going training for staff, law enforcement agency staff, and other persons who provide Vulnerable Adult Protective Services. N.D.C.C. § 50-25.2-13.

The training shall include:

- The philosophy of the vulnerable Adult Protective Services Program;
- State and Federal law;
- Department policies and procedures;
- ~~Voluntary~~ Mandatory reporting;
- Evaluation and assessment;
- Legal remedies;
- Confidentiality; and
- Community resources.

**Added** new paragraphs regarding Notice of Privacy Practice document which is given to all new clients and sharing information with public officials.

**Confidentiality 690-01-15-20**

Aging Services Division is governed by the confidentiality policies of the Department of Human Services, service Chapter 110-01 and various state and federal laws.

All clients should be given a copy of the Notice of Privacy Practice document found here: http://www.nd.gov/dhs/info/pubs/docs/notice-privacy-practices.pdf. Upon receipt, the client should be asked to sign SFN 936 "ACKNOWLEDGEMENT OF RECEIPT OF THENOTICE OF PRIVACY PRACTICES" (http://www.nd.gov/eforms/Doc/sfn00936.pdf). If unable or unwilling to sign, document as such in in the Harmony for Adult Protective Services (HAPS) web-based data collection system.

All reports or referrals, including the identity of the reporter, and all records and information obtained or generated as a result of the report or referral are confidential.

An individual making a report or referral should be advised of the confidentiality of the report or referral; however, the reporter should also be informed that the right to remain anonymous is not guaranteed, especially if the identity of the report is subject to disclosure by subpoena or court order. The individual making the report or referral should also be informed of his or her immunity from liability and, if applicable, the prohibition against employer retaliation.

Neither the State, nor the Department may require any provider of legal assistance to reveal any information that is protected by the attorney-client privilege.

While the worker may see the vulnerable adult as needing services, the worker may be legally mandated to report other aspects of the case. The legal mandate to report supersedes the right of confidentiality or the needs identified in a voluntary program. The worker must also be concerned with the health and safety needs of caregivers or other individual. N.D.C.C. § 50-25.2-07

**Added** Program to Elder Rights Administrator title.

## Authorized Disclosures 690-01-15-25

Records and information obtained or generated as the result of a report or referral must be made available to the following upon request:

- A physician who examines a vulnerable adult whom the physician reasonably suspects may have been subject to abuse or neglect;
- Authorized staff of the Department or the Department's designee, law enforcement agencies, and other agencies investigating, evaluating, or assessing the report or providing adult protective services.
- A person who is the subject of a report or referral, if the identity of the person(s) reporting the alleged abuse, neglect, or exploitation is protected;
- Public officials, and their authorized agents, who require the information in connection with the discharge of their official duties;
- A court when it determines that the information is necessary for determination of an issue before the court; and
- A person engaged in a bona fide research or auditing purpose if no information identifying the subjects of a report or referral is made available to the research or auditor. N.D.C.C. § 50-25-.2-12.

The Aging Services Division Elder Rights Program Administrator must be contacted prior to the disclosure of any reports or referrals or records to the courts.

When information is requested by any individual who might be identified as "public officials and their authorized agents who require such information in connection with the discharge of their official duties" (NDCC 50-25.1-11(5)), it must first be determined whether the individual truly meets the definition of a "public official". The term 'public officials' as used in NDCC 50-25.1-11(5) is defined to refer to those individuals whose powers are statutorily derived and whose authority and duties are defined, regulated and prescribed by law.

It is also necessary to verify that the "official" is requesting information in their role as a "public official" (not in the capacity of a friend, business associate, or family member) and who requires the information in

connection with the discharge of their official duties (not as a matter of curiosity, or as a favor for a constituent).

Persons identified as "public officials" include: elected officials of a state, county, city, or school district (such as the governor, a senator or congressman, a state **legislator**, sheriff, county commissioner, or school board member); and persons appointed or hired to fill a statutorily derived role (such as police chief /police officer, county coroner, forensic medical examiner, etc.).

Information may be provided to a public official, upon request, in written form, designated as a copy and confidential. A cover letter shall state "The information is being provided to the person(s) as a public official who needs the information in connection with the discharge of their official duties and the information remains confidential."

The following procedures must be followed:

1. The following types of information **may not be** disclosed or discussed:

   a. Information covered by 42 C.F.R. Part 2, regarding confidentiality of substance abuse treatment records; and

   b. Information identifying an adoptive parent, relinquishing parent, adopted person, genetic parent, or genetic sibling in an adoption.

2. Employees may decline to disclose information pursuant to an implied authorization where, in the exercise of the employee's professional judgment, an implied authorization is not justified.

3. The name, title, and telephone number of the individual inquiring on behalf of the client should be obtained. If the circumstances lead you to question the authenticity of the call, you may inform the caller that you will call back when the appropriate records have been obtained. This allows you to verify that the caller is located at the purported office, to attempt to contact the client, and to locate the relevant information.

4. Reasonable care must be taken to verify the identity of the client.

5. Before disclosing or discussing the information, reasonable attempts should be made to verify the client's request for inquiry. Sometimes concerned relatives, friends, or neighbors will initiate the inquiry, but these requests do not give rise to an implied authorization. Only a request by the client creates an implied authorization, unless the client has a legal guardian or personal representative. If the inquiry is initiated by someone else, ask to speak to the client directly if the client is available. Otherwise, explain that you can only talk to the client.

6. Care should be taken to disclose only information necessary to make a meaningful response to the inquiry. Do not volunteer information, which is not relevant to the question asked. If you are unclear about exactly what the problem is or the question presented, ask for clarification. Do not disclose information about a client other than the client who initiated the inquiry.

7. Employees shall document in the client's permanent records, if applicable, all disclosures made under this section, including the identity of the inquirer, attempts to contact the client, and information disclosed.

This section has been **repealed**.

## ~~Appeals 690-01-15-30~~

~~An individual receiving services funded under the Older Americans Act may appeal a decision to deny or terminate services. The individual should first contact the appropriate Vulnerable Adult Services worker and request a review of the decision.~~

~~If the individual still disagrees with the decision, an appeal must be made in writing to the Director of Aging Services Division, and, thereon, through the Department of Human Services appeal procedures in accordance with North Dakota Administration Code chapter 75-01-03. The appeal must be made in writing within thrity (30) days of the date of the decision.~~

**Added** new section.

**Grievances 690-01-15-31**

A recipient of Older Americans Act funds/services may file a grievance in writing to the Director of the Aging Services Division. The grievance statement must list the facts related to the grievance, the nature of the grievance, and any request for resolution. The grievance should be made in writing within thirty (30) days of the action. A response to the grievance will be made within five (5) working days of receipt of the grievance.

All contract entities are required to include grievance procedures for older individuals who are dissatisfied with or denied services in their Program Policies and Procedures Manual.

**Added** new language.

## Providing Adult Protective Services 690-01-23

North Dakota Century Code § 50-06-05.3(2) requires Regional Human Service Centers to provide services to prevent or remedy the neglect, abuse, or exploitation of adults unable to protect their own interests.

The Aging Services Division ~~Regional Human Service Centers~~ have designated staff at the Regional Human Service Centers ~~supervised by the Aging Services~~ ~~Division~~ or have entered into contractual agreements with other agencies to accomplish this requirement.

If Aging Services Division or the Department's Designee determines a vulnerable adult demonstrates a need for adult protective services, the worker shall arrange for provision of adult protective services provided that the vulnerable adult consents to and accepts the services. If vulnerable adult is unable to consent, please refer to 690-01-23-20 for further information.

Services provided Monday – Friday, 8 am – 5 pm with arrangements for messages to be in place for evenings, week-ends, and holidays.

**Deleted** the last line.

## Eligible Clients 690-01-23-01

An eligible client is an individual age 18 and older or a minor emancipated by marriage who has a substantial mental or functional impairment that compromises health, safety, or independent life style. ~~It does not include an individual who lives in a long term care facility or an individual who lives in a group home for a defined population.~~

**Added** section 690-01-23-20 to the last bullet.

## Voluntary Services 690-01-23-10

The Vulnerable Adult Protective Services Program was established to safeguard the rights, safety, and well-being of vulnerable adults. If services are provided on a voluntary basis, the following issues must be considered:

- If the vulnerable adult has the capacity to reach rational decisions, he or she should be allowed to live in a manner he or she chooses.
- Vulnerable adults who receive voluntary services have the right at any time and within their abilities, to make an informed choice and refuse services.
- In determining if voluntary services are appropriate, the worker shall consider the vulnerable adult's ability to consent. If a question exists, the worker shall seek input from other appropriate professionals. (690-01-23-20)

**Added** and **deleted** language from this section. **Changed** the title of the section.

## ~~Voluntary~~ Mandatory Reporting or Referral of Abuse, Neglect, or Exploitation 690-01-23-15

~~Any individual who has reasonable cause to believe that a vulnerable adult has been subjected to conditions or circumstance that would result in abuse, neglect, or exploitation may report the information to Aging~~

~~Services Division or a Regional Human Service Center.~~ Any medical or mental health professional or personnel, law enforcement officer, firefighter, member of the clergy (unless derived from information received in the capacity of spiritual advisor), or caregiver having knowledge that a vulnerable adult has been subjected to abuse or neglect, or who observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect, shall report the information to the department or the department's designee or to an appropriate law enforcement agency. N.D.C.C. § 50-25.2-03.

Reports can be made using SFN 1607 or via phone, email, or fax.

A report to the North Dakota Protection & Advocacy Project, if required by N.D.C.C. § 25-01.3-04, satisfies all reporting requirements of this chapter.

Any individual, not required to report, who has reasonable cause to believe that a vulnerable adult has been subjected to conditions or circumstances that would result in abuse, neglect, or exploitation may report the information to the department or the department's designee.

~~Mandatory reporting is not required except for law enforcement agencies and various professional organizations that may require reporting of suspected abuse, neglect, or exploitation in their individual code of thics. N.D.C.C. § 50-25.1-03.~~

A law enforcement agency receiving a report, under this law, shall immediately notify the ~~Aging Services Division~~ department or the ~~D~~department's ~~D~~designee.

Any individual required to report under this section who willfully fails to do so is guilty of an infraction. N.D.C.C. § 50-25.2-10.

**Correction** in language – and to or.

## Involuntary Services 690-01-23-20

If a vulnerable adult who is subject to abuse, neglect, or exploitation is unable to make an informed consent or accept services or if the caregiver refuses, involuntary services may be pursued. The worker may pursue any administrative, legal ~~and~~ or other remedies authorized by law that are necessary and appropriate under the circumstances to protect the

vulnerable adult and prevent further abuse or neglect. The state's attorney of the county in which the vulnerable adult resides may assist the worker, upon request, in pursuing an appropriate remedy. Available remedies include:

**Added** paragraphs regarding reports of alleged abuse, neglect, or exploitation of residence in nursing facility, basic care, swing bed facilities, or hospital.

## Referral of Report Concerning Long Term Care Facilities 690-01-23-25

The State Long-Term Care Ombudsman must be notified of any report or referral concerning any **administrative action** that may adversely affect the health, safety, welfare, or personal or civil rights of a resident in a long-term care facility or tenant in an assisted living facility. The State Long-Term Care Ombudsman must also be notified if there is an alleged administrative action on a person who was discharged from a long-term care facility within nine months of the complaint.

If a report alleges abuse, neglect, or exploitation of a resident in a nursing facility, basic care, swing bed facility, or hospital the report is documented as an I & R and referred to the N.D. Health Department for follow-up. (Appendix A)

If a report alleges financial exploitation of a resident in a nursing facility, basic care, swing bed facility, or hospital the report remains with the Vulnerable Adult Protective Services worker. (Appendix A)

If a report alleges abuse, neglect, exploitation or financial exploitation of a resident in an assisted living facility the report remains with the Vulnerable Adult Protective Services worker who will work in collaboration with the Ombudsman as needed. (Appendix A)

The State Long-Term Care Ombudsman will collaborate with the Vulnerable Adult Protective Services worker on cases as needed ~~on cases as needed to clarify roles~~. The intent is that the referral or assessment be done in a cooperative manner with all interested parties.

**Bolded** the last paragraph.

## Referral of Report Concerning Qualified Service Providers 690-01-23-30

The Home and Community-Based Services (HCBS) Case Manager has the responsibility to examine alleged quality of care issues for clients receiving home and community-based services funded under Service Payments for Elderly and Disabled, Expanded Service Payments for Elderly and Disabled, and the Medicaid Waivers, such as Family Personal care, Home Delivered meals, and Extended Personal Care.

**In the event of suspected abuse, neglect, or exploitation, HCBS case manager ~~may~~ will report to and coordinate with the region's designated Vulnerable Adult Protection Services worker.**

**Bolded** the last paragraph.

## Referral of Report Concerning Adult Family Foster Care 690-01-23-35

If a resident of an adult family foster care home is receiving Home and Community-Based Services (HCBS), the HCBS Case Manager has primary responsibility to resolve concerns in collaboration with the licensing facility. If there is no HCBS Case Manager, the licensing worker has primary responsibility to resolve licensing or quality of care issues in collaboration with the Vulnerable Adult Protection Services worker and licensing facility. The intent is that the referral or assessment be done in a cooperative manner with all interested parties.

**In the event of suspected abuse, neglect, or exploitation, HCBS case manager ~~may~~ will report to and coordinate with the region's designed Vulnerable Adult protection Services worker.**

**Added** language in reference who Coordinators should report.

## Referral of Report Concerning Family Caregivers 690-01-23-40

Department of Human Services Family Caregiver Coordinators who suspect alleged abuse, neglect, or exploitation shall report to and collaborate with the ~~respective Regional Aging Services Program Administrator or~~ Vulnerable Adult Protective Services worker in their region. The intent is that the referral or assessment be done in a cooperative manner with all interested parties.

**Added** a paragraph regarding the P&A Project and their responsibility to investigate allegations.

## Referral of Report Concerning Special Populations 690-01-23-45

The North Dakota Protection and Advocacy ~~agency~~ Project has responsibility to investigate allegations of abuse, neglect, or exploitation for individuals with developmental disabilities and adults suffering from a mental illness who are an in-patient or resident in a facility rendering care or treatment, even if the location of the person is unknown. Adults who suffer from a mental illness who are in the process of being admitted to a facility rendering treatment, including persons being transported or who within the last 90 days was an in-patient or resident of a facility rendering treatment of care.

The North Dakota Protection and Advocacy Project also has responsibility to investigate allegations of abuse, neglect, or exploitations for adults suffering from a mental illness who are receiving publicly funded services. (Appendix A) As needed, the Vulnerable Adult Protective Services worker will collaborate with The North Dakota Protection and Advocacy Project.

N.D.C.C. § 25-01.3-01 and 25-01.3-04.

Small **corrections** in language.

## Contact With the Vulnerable Adult or Other Individuals 690-01-23-50

Aging Services Division or the Department's Designee may interview the alleged vulnerable adult with or without notice to the caregiver or any other individual. N.D.C.C. § 50-25.2-05(1)(a).

Face-to-face contact is considered the optimal environment. The worker should identify himself/ ~~or~~ herself and explain the purpose of the visit. Whenever possible, the vulnerable adult should be interviewed alone. The caregiver and any other individual who may have knowledge of the circumstances regarding the report or referral may also be interviewed.

Whenever possible, each individual should be interviewed alone. A comparison of information obtained by the individual interviews, will give the worker a more accurate picture of the circumstances and potential needs of the vulnerable adult and other individuals in the household.

The Risk Assessment Form found in the Harmony for Adult Protective Services (HAPS) web-based data collection system ~~must~~ may be used to record interactions and observations.

**Added** the first paragraph as well as Century Code in the last paragraph.

## Penalty and Civil Liability for False Reports or Referrals 690-01-33

Any person required to report who willfully fails to do so is guilty of an infraction. N.D.C.C. § 50-25.2-10.

Any individual who willfully makes a false report or referral or provides false information that causes a report or referral to be made is guilty of a class B misdemeanor. If the false report or referral is made to a law enforcement official, the individual is guilty of a Class A misdemeanor. False reports or referrals may be reported to the state's attorney or law enforcement official having jurisdiction in that area.

An individual who willfully makes a false report or referral or provides false information that causes a report or referral to be made is liable in a civil

action for all damages reported by the person reported. N.D.C.C. § 50-25.2-10.

**Removed** the two headings:
~~Entry to the Residence or Premises 690-01-40 and~~
~~Access to Records of the Vulnerable Adult 590-01-35~~

Language **corrections** and **added** another bullet regarding reports concerning adults with developmental disabilities or mental illness.

## Utilizing the Harmony for Adult Protective Services (HAPS) Web-Based Data Collection System 690-01-43-01

**Utilizing the Harmony for Adult Protective Services (HAPS) Web-Based Collection System**

**Information & Referral/Screened Out Intake** – An inquiry not meeting the criteria for full assessment, in which assistance is given to help individuals gain access to services, through provision of information ~~and if it is~~ or a misdirected phone call.

Examples may include:

- Reports regarding an individual under the age of 18. Such reports should be referred to the appropriate social service agency;
- Reports that include involvement of other formal or informal resources that will address or resolve the presenting problem;
- The adult or situation is currently or was recently known to Adult Protective Services and the report does not provide additional information or circumstances to require further assessment;
- Reports concerning adults being discharged to community from treatment facilities when the need for services is placement only;

- Reports concerning adults lacking resources due to a travel related incident, unemployment, or transient lifestyle; ~~or~~

- Reports concerning an adult in another state; or

- Reports concerning an adult with developmental disabilities or mental illness who are an in-patient or resident in a facility providing care. Such reports should be referred to the North Dakota Protection and Advocacy Project (Appendix A).

**Full Assessment/Screened In Intake** – Require a home visit~~, risk assessment,~~ and completion of the assessment report and are conducted to:

- Determine if criteria for vulnerability are met. Criteria for vulnerability include substantial mental or functional impairment or both.

- Determine if the vulnerable adult is in need of adult protective services or is in need of services to support or maintain independent living.

- Determine the vulnerable adult's capabilities and limitations.

- The worker ~~shall~~ may use the Vulnerable Adult Protective Services Risk Assessment form found in the HAPS computer system.

- Formulate, with the vulnerable adult and other support person(s) a plan to meet those needs in the least restrictive environment.

- Evaluate the effectiveness of the plan and reassess needs as necessary.

The assessment should include careful observation of the vulnerable adult's environment. Areas to observe include:

- **The Neighborhood** – Does it appear safe? Are the buildings, sidewalks, etc., well maintained? Is public transportation

available? Is there access to health care, shopping, religious, and social activities?

- **The Home** – What is the general impression of the home? Is the access uncluttered? Does the home accommodate physical disabilities of the vulnerable adult?

- **The Living Environment** – Are there environmental factors that suggest the vulnerable adult may have difficulty maintaining independent living skills without assistance, i.e. spoiled food on the counters, excess garbage, urine odor, too hot, too cold, etc.?

The physical evidence should also be observed. It is necessary to locate items that could be used to identify and describe incidences of abuse, neglect or exploitation made in the report or referral. Physical evidence may include clothing worn by the vulnerable adult that contains blood, semen, other body fluids; clothing that is torn; weapons; photographs; and x-rays. The worker should not collect physical evidence – it should be left undisturbed until law enforcement can be called to collect it for possible criminal charges. Observations ~~should~~ can be recorded on the Risk Assessment or in the documentation section of ~~in~~ the Harmony for Adult Protective Services (HAPS) web-based data collection system.

**Changed** Regional Human Service to Vulnerable Adult Protection Services workers.

## Intake Report 690-01-43-05

Designated ~~staff at Regional Human Service Center~~ Vulnerable Adult Protection Services workers shall record intake information in the Harmony for Adult Protective Services (HAPS) web-based data collection system to include, when available:

- The adult's demographic information, such as name, gender, date of birth or approximate age, address, current location if different from permanent address, and phone number;

- The reporter's demographic information, unless the reporter requests

anonymity, such as ~~if applicable,~~ name , phone number, address, relationship to client, and the reporter's agency or place of business;

- Allegations of abuse, neglect, or exploitation;
- Safety concerns for the adult;
- Safety concerns for the staff;
- The alleged offender's information, such as name, gender, address, phone number, and relationship to the client (when abuse is alleged and if available); and
- If an assessment is not completed; a reason why it was not completed.

**Changed** title of section and **added** information to fourth bullet.

## Maintenance of Client Files ~~Regional Service Centers~~ 690-01-43-10

The following must be adhered to:

- Vulnerable Adult Protective Service client files will be maintained in the Harmony for Adult Protective Services (HAPS) web-based data collection system and required supporting documentation such as releases of information will be maintained in a secure ~~located~~ area.
- Files made prior to the implementation of the Harmony for Adult Protective Services (HAPS) web-based data collection system are to be maintained in a separate filing system and kept in a locked file cabinet ~~in the Aging Unit~~. It is recommended the most recent two years be kept in the Aging Unit and inactive records be kept in a secure locked area.
- Files will be filed by year and alphabetically (no numbering system).
- Destruction or storage of files will be conducted in accordance with the records management policy of the Department consistent with Older Americans Act (OAA) requirements 650-25-25-50(3) OAA Policy & Procedure Manual.

- Contract entities must follow the same procedures for confidentiality of and maintenance of client files. If the entity is no longer under contract with the Department, the records are property of the Department and must be transferred to the respective ~~Regional Human Service Centers~~ Aging Services Unit.

Grammar **corrections**.

## Evaluation and Assessment of a Report or Referral – Priority of Response 690-01-43-15

The following levels must be used to determine priority of response:

- **Emergency:** When factors present the adult is at urgent and significant risk of harm due to the severity of the alleged abuse, or due to the vulnerability or physical frailty of the adult, designated staff shall make ~~a~~ face-to-face contact within five (5) hours. If unable to make contact within that time frame, designated staff shall contact law enforcement for assistance.

- **Priority 1:** When factors present the adult is not in imminent danger or urgent risk or harm but alleged abuse is present or conditions exist that might reasonably result in abuse, the designated staff shall make face-to-face contact with the adult no later than five (5) working days beginning the day after the receipt of the report.
- **Priority 2:** When factors present the adult is not in imminent danger or urgent risk or harm but conditions exist that are of concern, designated staff shall make face-to-face contact with the adult no later than ten (10) working days beginning the day after the receipt of the report.
    - When the initial attempt at face-to-face contact with the adult is unsuccessful, an attempt at face-to-face contact shall be made every other day for a minimum of three (3) attempts.
        - If designated staff has confirmed the adult to be unavailable or safe, the reason for delayed response shall be documented.
        - Initial and subsequent attempts at contact shall begin immediately when the adult becomes or is expected to become available.

- Following the third unsuccessful attempt at contact, designated staff may choose to send a letter requesting an appointment with the adult.

- If attempts at contact remain unsuccessful, designated staff shall close the referral no later than twenty (20) working days after receipt of the report.

- Designated staff shall document all attempts to contact the adult.

- When the report originally appears to indicate a need for ~~a face to face~~ face-to-face contact but further assessment determines that a face-to-face contact is not required to resolve potential risk, designated staff may provide telephone response and assistance. Referrals appropriate for telephone response and assistance include those:
  - That present heightened worker safety concerns and upon consultation, law enforcement directs staff not to respond.

  - That present heightened worker safety concerns due to environmental or infectious disease concerns and upon consultation, first responders, public health officials, or code enforcement directs staff, or any combination thereof, not to respond.

  - In which it is determined that responsible family is aware of the concerns and is working appropriately to address the concerns.

  - Regarding a chronic situation in which staff has had a visit with the competent adult in the past twenty (20) working days and determined intervention is unwanted or could not resolve the concern.

  - In which the adult is competent and able, with assistance from designated staff or other support systems, to arrange services.

- Regarding adults that have a case manager in place, and calls between staff and the case manager can resolve the reporter's concerns.

- In which the adult is hospitalized or institutionalized prior to the initial visit and designated staff have determined ~~ht~~ that ongoing protective services are not required. If the adult is hospitalized or institutionalized outside the area of service and requires ongoing protective services, the referral shall be transferred.

Par. 2. Effective Date – January 15, 2014