AX CA ESSENTIAL RECORDS

DIVISION: (Required Field)	Program and Policy
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MEDIA:	**Select Media**
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DOCUMENT TITLE:	Manual G Chapter: 44
DOCUMENT DATE/RANGE: (Required Field)	
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06/06/2017

CHAPTER 44 - PURCHASE OF SERVICES

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CHAPTER 44 - PURCHASE OF SERVICES

44.10 INTRODUCTION

1. The Department purchases various services from public and private providers. These services are purchased under contract with the Department and may be provided under the supervision of one of the Divisions or Bureaus of the Department.

2. Provider agencies are under the same constraints as the ESSOs in respect to determination of service eligibility, use of the SSRS forms (DSHS 14-139, 140 and 141) and the pursuit of only one goal at any one time. The SSRS forms, however, will be routed to the ESSO for transmittal to the State Office and the ESSO shall maintain a Basic Data File on all purchase of service cases (See Chapter 18.20).

3. ESSO activity in purchase of service cases will otherwise generally be limited to Information and Referral, unless some other Title XX service is also requested, such as Placement Services or Health Support Services.

4. Purchased services are described below.

44.20 DAY CARE FOR THE AGED - AGE 60 AND OVER (WAC 388-15-190)

1200 - Program Code from SSRS

Day care services are a program of services provided at three locations in the state for aged people who do not require 24-hour institutional care, but due to physical and/or mental impairment are not capable of full-time independent living. Services include nursing service and rehabilitative services, such as occupational therapy, physical therapy and speech therapy; personal care services, i.e., assistance with walking, eating, toileting, grooming, social work services; recreational and social activities. Each center will also provide a hot meal at noon and necessary transportation for participants.

1. Goals

   a. Preserving, rehabilitating or reuniting families. That is, providing therapeutic care six to eight hours per day, five days a week for individuals whose families cannot care for them at home, either due to lack of expertise, resources or time, so that the disabled, confused or depressed older person may remain with his family.

b. Preventing or reducing inappropriate institutional care. That is, providing adult day care services six to eight hours per day, five days a week to promote the independence of the elderly individual by helping him attain and maintain his maximum functioning capacity and avoid or delay institutionalization on a 24-hour, seven-day-a-week basis.

44.30 MENTAL HEALTH (WAC 388-15-350)

2200 - Program Code from SSRS

This service is provided by a mental health professional designated by a county government to investigate complaints against persons who may be considered harmful to themselves or to others or may be gravely disabled. An investigation is performed by this designated mental health professional to ascertain whether involuntary detention is necessary, whether some other form of less restrictive treatment is needed, or to assess the mental health service need of the individuals and refer them to an appropriate mental health agency on a voluntary basis. This service may include a brief assessment to facilitate appropriate referral of a person to those mental health services existing within the community. The county mental health professional indentifies those persons who need assistance, or who have no one willing and able to assist them responsibly, in order to provide a prompt response to an investigation of persons who are considered "at risk" in the community. Arrangements may be made for various types of appropriate alternate living arrangements within the community or in an institution. This service is available 24-hours a day, seven days a week.

1. Goal

Preventing or reducing inappropriate institutional care. That is, to curtail inappropriate and indefinite commitment of allegedly mentally ill persons, and to provide prompt investigation and evaluation of these individual's mental health needs, and to encourage the use of less restrictive mental health services within the community.

44.40 DEVELOPMENTAL CENTER SERVICES (WAC 388-15-320)

2100 - Program Code from SSRS

Provides individuals who have a developmental disability with day training programs designed to promote the individual development of motor, communication, recreation, behavioral, vocational and social skills. The provider agencies may provide a variety of programs to include infant stimulation, early childhood education, adult developmental education, recreational and leisure time programs, physical and occupational therapy, self-help skills, survival skills, housekeeping training and prevocational training.

1. Goals

   (a) Achieving or maintaining self sufficiency. That is, providing adults with a minimum 12 hours/week of day training programs. County MR Boards will screen applicants, make placements and referrals when appropriate and monitor client activities to insure individual progress. Provider agencies will be reimbursed through purchase of services contracts with Department of Social and Health Services.

   (b) Preventing or remedying neglect, abuse or exploitation. That is, providing children with a minimum of 10 hours/week of day training programs. County MR Boards will screen applicants, make placements and referrals when appropriate and monitor client activities to insure individual progress. Provider agencies will be reimbursed through purchase of service contracts with Department of Social and Health Services.

2. See Chapter 66 for division of responsibility for management of cases and cooperative working relationships in providing services to the developmentally disabled.

44.50 SHELTERED WORKSHOPS (WAC 388-15-330)

2405 - Program Code from SSRS

Sheltered Workshop services are expected to result in the eventual placement of handicapped clients into gainful employment. Such services are provided to enable clients to become self supporting or self sufficient. A variety of services such as medical, dental, psychiatric, training, transportation, etc. are provided or arranged for by Vocational Rehabilitation Division staff and other services are provided to clients in the work environment of vendor sheltered workshop facilities.

1. Goals

   (a) Achieving or maintaining economic self support. That is, the vocational rehabilitation agency provides counseling and guidance services in developing and implementing a sheltered workshop rehabilitation plan for new clients. The handicapped person receives a diagnosis and evaluation of his or her mental and physical limitations. A variety of physical and mental restorative services, such as surgery, psychiatric treatment, prosthetic devices, speech or hearing therapy, eye glasses, visual services, dental care, etc. are provided when not otherwise available. Training programs, including that in sheltered workshops, will be used to prepare clients for a job.

(b) Achieving or maintaining self sufficiency. That is, employment related services are purchased. Qualified sheltered workshop facilities will provide services consistent with individual vocational plans and may include vocational evaluation, vocational adjustment training, job placement and extended sheltered employment. Handicapped clients are taught job skills in the Extended Sheltered Employment program through the work environment of a sheltered workshop facility, to enable them to increase self sufficiency. Help clients achieve appropriate job placement to become self supporting in competitive employment.

44.60 ALCOHOLISM TREATMENT (WAC 388-15-340)

2300 - Program Code from SSRS

Two types of alcoholism treatment will be provided under Title XX; "Intensive Alcoholism Inpatient Treatment" and "Alcoholism Longterm Treatment". Both are residential treatment services, but they differ with regard to the specific treatment needs of the client. These services are provided either by private non-profit agencies or by public (county) agencies. Funding is provided through purchase of service contracts with the Department. All alcoholism services are provided through contract with county governments or alcoholism services agencies. The DSHS Office of Alcoholism provides no direct alcoholism services.

1. Goals

(a) Achieving or maintaining economic self support.

(1) In short-term intensive treatment to assist alcoholics to resume their normal occupations as a result of their ability to adapt to life without resorting to alcohol and as a result avoid the loss of time from work resulting from absenteeism and on-the-job accidents and the poor work performance that was related to his drinking. The primary service involves a time-limited course of intensive alcoholism treatment that utilizes lectures, group counseling and individual counseling to give the person an understanding of the nature of his alcoholism problem and to provide the person with the life adjustment skills that will allow him to adapt to the stress and problems of life without resorting to the use of alcohol.

Other services may include medical examination and consultation services to ensure that the person does not need medical attention beyond that which can be self administered at the treatment center.

(2) In long-term alcoholism treatment providing a service which is for persons who are in the more chronic stage of illness and require a longer period of recuperation from the cumulative debilitating effect of their lifestyle. Service includes identifying alcoholics who are able to find and hold employment after they have become abstinent from alcohol and to assist them in acquiring the social and emotional skills that will help them maintain this employment.

(b) Achieving or maintaining self sufficiency.

(1) In short-term intensive alcoholism treatment assisting alcoholics in acquiring social and stress-adjustment skills that they either have never acquired or which have been partially lost as a result of his reliance on alcohol, and as a result, enable them to be restored to normal productive social and economic roles once they have adjusted to continued abstinence from alcohol.

(2) In long-term alcoholism treatment assist alcoholics in acquiring social and stress adjustment skills that the persons either have never acquired or which have been partially lost as a result of his reliance on alcohol. The service is a resocialization process required to assist the person to resume and maintain employment and to reduce his dependence on assistance from others.

(c) Preventing or reducing inappropriate institutional care. That is, in long-term alcoholism treatment only to identify alcoholics who because of their inability to function in society would be, or eventually could be, committed to institutional care; and to assist them in adapting to life in halfway houses or other forms of sheltered environment group living.

(d) Securing referral or admission for institutional care. That is, in long-term alcoholism treatment only, identify alcoholics who because of their inability to respond to alcoholism treatment or to maintain themselves in a non-institutional setting will require admission to a state institution or skilled nursing home.

2. ESSO Tasks

ESSO tasks will be limited to:

(a) Coordinating and cooperation with staff of Alcoholism Information and Referral Centers or other organizations dealing with alcoholism on behalf of individuals needing alcoholism treatment.

(b) Arranging for individuals to be placed in short-term or long-term treatment facilities when it has been determined that they are financially eligible to receive payment for congregate care in whole or part.

(c) Notifying financial when placement is made.

(d) Managing the SSRS forms where alcoholism treatment is purchased in addition to the CCF care. (See Chapter 99 for instructions.) Note that eligibility for alcoholism treatment services for non-recipients of financial assistance is based on 50% of the state median gross income - see 10.08 1 (e) (1).

44.80 FOR PURCHASE OF DAY CARE SERVICES FOR CHILDREN, SEE CHAPTER 50.

44.90 THE OFFICE OF PURCHASE OF SERVICE

The Office of Purchase of Service has primary responsibility for negotiating contracts with Provider Agencies and providing them with instructions concerning use of the SSRS forms and billing and payment procedures.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-242
ISSUED: 02/11/86

FROM: Thelma Struck, Assistant Secretary
Community Services OB-44J

SECTIONS REVISED:
44.60

EFFECTIVE: Upon Receipt
FOR INFORMATION CALL:
Becky Martelli
SCAN 234-1245 or
Non-SCAN 753-1245

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT, MS OB-16

SUBJECT: ADULT PROTECTIVE SERVICES - RESPONSIBILITY FOR INVESTIGATION OF APS COMPLAINTS IN STATE LICENSED/ MONITORED FACILITIES

Place this notice in front of the Manual G, Chapter 44, and note on the Green Notice Control Sheet the date Notice No. G-242 was entered. Delete 44.60.

BACKGROUND

Three separate state statutes require the department to receive and respond to reports of abuse, exploitation, and neglect of adults; RCW 26.44, Abuse of Children and Dependent Adults, RCW 74.34, Abuse of Vulnerable Adults and RCW 70.124 Abuse of Patients - Nursing Homes, State Hospitals. None of the statutes identifies a single unit, or units, within the department that must receive and respond to reports. However, WAC 388-15-120(2) clearly states that to qualify for adult protective services there must be no one willing and able to assist the adult responsibly. Residents of state licensed and state operated facilities are under the protection of the state and do not meet that criterion.

Current policy which encourages coordination between Adult Protective Services and other departmental bureaus and divisions without specifying responsibility or the form coordination should take is confusing and often leads to duplication of effort. The purpose of this action is to clarify the role of APS in responding to reports of abuse, neglect, exploitation, or abandonment of residents of state operated, licensed, and/or monitored facilities or unlicensed facilities.

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David v.

ACTION REQUIRED

1. When a report of suspected abuse, neglect, exploitation, or abandonment of a resident of one of the following facilities is received, the informant shall be referred to the appropriate licensing/ monitoring unit.

Boarding homes (licensed-only facilities Congregate Care Facilities and Division of Developmental Disabilities Group Homes including IMR-Es)	Division of Health, Personal Care Facilities Survey Unit
Hospitals, Adult Residential Treatment Facilities (ARTFs) Alcohol Treatment Facilities, other health care facilities (except Nursing Homes) and Home Health Agencies	Division of Health, Health Facilities Survey Unit
Nursing Homes (licensed-only facilities SNF, ICFs, IMR and IMR-Es)	Bureau of Nursing Home Affairs
Mental Health Institutions	Division of Health, Health Facilities Survey Unit and Division of Health
Acute Care Hospitals	Division of Health, Health Facilities Survey Unit

2. When a report of suspected abuse or neglect is received by APS involving a resident of an unlicensed board and care facility, the APS worker shall immediately contact the AFH licensor and the Personal Care Facilities Survey Unit in the Division of Health to determine if the facility is being investigated by the AFH licensor or the Personal Care Facilities Survey Unit facility worker. A joint investigation may occur if appropriate.

   Conversely, the Personal Care Facilities Survey Unit shall contact the local APS worker and the AFH licensor when an abuse or neglect report is received involving a resident of an unlicensed facility.

3. When APS receives a report involving a resident of a facility believed to be an unlicensed nursing home, BNHA shall be immediately notified. A joint investigation may occur if appropriate.

4. When a report is received involving a resident of a DDD tenant support program, the APS worker shall notify the DDD field office. Although tenant support programs are similar to chore services in that clients rent their dwelling, DDD contracts with vendors to provide support and training for the residents. Incidents involving abuse, etc., may violate the terms of the contract. Investigations may be completed by APS or jointly with DDD field staff.

5. Under certain circumstances, APS may be asked by the licensing/monitoring units listed above to assist in, or conduct an investigation, e.g., a resident may return to the facility following a leave, or home visit exhibiting signs of abuse or neglect or someone outside the facility may be financially exploiting the resident. An APS investigation would be appropriate in these and similar situations. However, it is inappropriate for APS to investigate nonpayment of facility costs by the responsible party unless there is an element of a broader problem of financial exploitation by the responsible party.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

COMMUNITY SERVICES DIVISION
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-219
Issued: 03/28/85

FROM: Bruce Ferguson, Assistant Secretary
Community Services OB-44

SECTIONS REVISED:
New

EFFECTIVE: 07/01/85
FOR INFORMATION CALL:
Becky Martelli
Non-SCAN 753-1245 or
SCAN 234-1245

IF NOT DELIVERABLE RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: ADULT PROTECTIVE SERVICE - MANDATORY REPORTING REQUIREMENTS

Place this notice in front of Chapter 44, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-219 was entered.

BACKGROUND

The implementation of the mandatory reporting section of the Elder Abuse Bill (codified within RCW 74.34.010 - 74.34.090) was postponed one (1) year at the time of passage. This section of the law will become effective July 1, 1985.

ACTION REQUIRED

All reports, either oral or written, received from social workers, employees of the department, or health care practitioners licensed under Title 18 RCW shall be responded to within the time frame listed in 44.21. Affected health care practitioners include, but are not limited to, doctors, nurses, psychologists, and pharmacists.

Written reports shall be made by all persons listed above when the initial report is oral. These shall be mailed within five (5) working days of the date of the oral report. Persons making oral reports must be advised of this requirement by the adult protective service worker when the initial oral report is received.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

COMMUNITY SERVICES DIVISION
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-209
Issued: October 31, 1984

FROM: Bruce Ferguson, Assistant Secretary
Community Services OB-44

SECTIONS REVISED:
N/A

EFFECTIVE: Upon Receipt
FOR INFORMATION CALL:
Bureau of Aging and Adult Services
Non-SCAN 753-2502 or
SCAN 234-2502

IF NOT DELIVERABLE RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: ELDER ABUSE LAW

Place this notice in front of Chapter 44, Manual G, and note on the Green Notice Control Sheet the date Notice No. 209 was entered.

The Elder Abuse law requires the written consent of a vulnerable older person to be referred to various services, including case management. Effective immediately, the DSHS 15-198(X) (9/84), Adult Protective Services Consent to Receipt of Services, is to be used to certify the older person has been fully informed regarding the nature of the services available and their participation is voluntary.

The form has been designed to be self-explanatory and does not require separate instructions. A sample of the DSHS 15-198(X) is located in Chapter 99.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-160
Issued: July 25, 1983

FROM: Bruce Ferguson, Assistant Secretary
Community Services

For Information Call:
Becky Martelli SCAN
234-1245 or Non-SCAN
753-1245

IF NOT DELIVERABLE, RETURN TO: WP/MANUAL SECTION - MS OB-45

SUBJECT: DELETION OF DSHS 14-139(X), SOCIAL SERVICES APPLICATION FOR ADULT PROTECTIVE SERVICES

Insert this notice in front of Chapter 44, Manual G, and note on the Green Notice Control Sheet the date Notice G-160 was entered.

A. Effective August 1, It will no longer be necessary for DSHS 14-139(X) (Rev. 12/79) form to be completed for Adult Protective Services cases since this program is provided without regard to income. Program eligibility is now documented on the DSHS 4-114(X), Social Services Intake form.

B. Application, eligibility requirements, and forms for child placement cases are not changed by this notice.

CHAPTER 44

ADULT PROTECTIVE SERVICES

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David v.

CHAPTER 44
ADULT PROTECTIVE SERVICES

44.00 PROGRAM AUTHORITY

Federal: 42 U.S.C. 1397

State: Chapter 74.34 RCW; Chapter 26.44 RCW; RCW 43.20A.550; WAC 388-15-120; WAC 388-15-136 through 388-15-139.

44.10 POLICY

44.11 Purpose of Service

Adult Protective Services are provided to remedy the situations of dependent adults, vulnerable adults, or other adults in need of protection.

A. Adult dependent persons are persons over the age of eighteen years who have been found legally incompetent pursuant to Chapter 11.88 RCW or found disabled to such a degree pursuant to Chapter 11.88 RCW that such protection is indicated.

B. Vulnerable adults are persons sixty years of age or older who have the functional, mental, or physical inability to care for themselves.

C. Other adults are persons over the age of 18 years unable to protect interests vital to safety and well being.

44.12 Service Description

A. Adult Protective Services may include, but are not limited to, investigation of reports, actions taken to remedy the situation, the provision of supportive services and case management.

B. Circumstances which may require service intervention may be crisis situations or chronic situations which are degenerating. The goal of the service worker is to help the client resolve the crisis or halt degeneration of the situation. Protective services will be terminated when this has been accomplished. Situations appropriate for service intervention include:

1. Neglect, which is an act of omission that constitutes a danger to a person's physical or mental welfare. Neglect of the client's needs for adequate food, clothing, medical care, and shelter may be by:

   a. Relative
   b. Caretaker
   c. Spouse
   d. Others who have responsibility for care
   e. Self

   Self-neglect constitutes neglect only where there is a danger to the mental or physical welfare of an individual or others and there is no one willing or able to responsibly assist the individual.

2. Abuse, which is an infliction by another individual of injury, mental mistreatment, physical pain, or sexual abuse.

   Abuse may be by:

   a. Relatives
   b. Caretakers
   c. Spouses
   d. Others

3. Exploitation, which is an act of making use of another person's resources or efforts for one's own advantage or profit or in a fashion which does not benefit the client.

   Exploitation may be:

   a. Of the client's resources by others

   b. Of the client by requiring him/her to do excessive hours of unpaid labor.

4. Abandonment, which is leaving a vulnerable adult without the means or ability to obtain food, clothing, shelter or health care.

C. In an emergency situation, when the case is under investigation by the CSO and a dependent person or vulnerable adult is taken from a residence by law enforcement or other authority in the absence of the care giver, the APS worker must attempt to contact the caregiver the same day to:

   1. Inform him/her of the action taken;

   2. Explain why it was taken;

3. Involve the care giver in the development of a plan of care to ameliorate the situation.

An APS worker cannot remove a person from the residence without his/her consent.

D. Major activities of an APS worker in providing adult protective services may be:

1. Counseling with the client and any other individual involved in the situation.

2. Completing a Comprehensive Adult Assessment of the client.

3. Helping clients to move from hazardous situations.

4. Assisting the client in securing medical care or mental health services.

5. Assisting abused clients leaving their homes (see 44.70 C Services to Victims of Domestic Violence).

6. Assisting and arranging for public benefits, protective services or other legal assistance for client.

7. Arranging for community services such as COPES, chore, volunteer services, transportation, hot meals, in-home health, or other community services to enable the client to remain in his/her own home.

8. Contacting law enforcement officials, the local office of the attorney general, or the Bureau of Nursing Home Affairs as appropriate to the situation (see 44.60 B-Nursing Home Reporting).

9. Referring the client for placement in an Adult Family Home (AFH), Congregate Care Facility (CCF), Intermediate Care Facility (ICF), Skilled Nursing Facility (SNF), or other appropriate alternative living arrangement, including emergency placement.

10. Acting as advocate for clients whose civil rights or financial entitlements are at risk.

11. Referring the victim to the local sexual assault or domestic violence organization or the Domestic Violence Hotline 1-800-562-6025.

12. Working with the appropriate case manager to develop a service plan.

44.13 General Policies Related to this Service

A. The department finds there are a number of adults in a crisis situation because they lack the ability to perform or obtain those services necessary to establish or maintain their individual safety and well being due to impaired mental or physical capacities. It is the intention of the department to make available to these individuals the opportunity to receive those services needed to protect them from harm or hazardous living conditions.

B. Responsibility for investigation of an adult protective services referral lies with the CSO service worker determining if a valid adult protective situation exists. APS is intended to be a short-term service with the aim of providing the necessary protection and services as expeditiously as possible. Services initiated or continued during the investigative process.

C. If the individual is known to be developmentally disabled, the CSO worker will work in cooperation with the Division of Developmental Disabilities to develop the service plan. The DDD case manager is responsible for ongoing case management of persons with developmental disabilities.

D. Case management for nondevelopmentally disabled adults eighteen through fifty-nine years of age needing case management will be provided by CSO adult service workers.

E. If the individual is sixty years of age or older and is not developmentally disabled and needs case management, the CSO worker will work in cooperation with the Area Agency on Aging case managers to develop the service plan. The AAA case manager is responsible for ongoing case management when the client is assessed as being able to remain in the community with appropriate in-home services. See Manual G, Chapter 02, Green Notice No. G-184.

F. A service plan review shall be done jointly by the APS worker and the responsible case manager when the case manager indicates that the plan needs to be revised and the revision will result in a residential client becoming a community client or vice versa.

G. When possible, Indian clients in need of APS must be assigned to service staff who are knowledgeable about Indian life and have demonstrated the ability to work effectively within the Indian community structure.

H. If the client does not consent to services, is mentally alert and not under any apparent coercion, services may not be given. However, if the client appears to be mentally confused or extremely fearful, the case will be investigated and an effort made to assist the client to accept the service, and this effort shall be noted in the service record. If a vulnerable adult (a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself) lacks the ability or capacity to consent to services, the department may petition for guardianship or limited guardianship.

I. The regions/CSOs shall develop cooperative agreements with community-based agencies serving abused elderly. The agreements shall cover such subjects as the appropriate roles and responsibilities of the regions/CSOs and community-based agencies in identifying and responding to reports of abuse, the provision of case management services, standardized data collection procedures, and related coordination activities.

44.15 Eligibility

A. Any individual may receive APS regardless of his/her recipient status or level of gross income.

B. For eligibility requirements for supportive services for APS clients, see Chapter 03, Social Service Eligibility.

44.20 PROGRAM STANDARDS

44.21 Program Expectations

A. All reports received by the CSO shall be responded to.

1. Abuse

   Investigations of complaints concerning abuse will be initiated within 24 hours of receipt.

2. Abandonment

   Investigations of complaints concerning abandonment will be initiated within 24 hours of receipt.

3. Neglect

   Investigation of complaints concerning neglect will be initiated within 24 hours of receipt.

4. Exploitation

Investigation of complaints concerning exploitation will be initiated within five working days.

B. If access is denied to the service worker investigating a complaint concerning a vulnerable adult and the local law enforcement agency is unable to assist in resolving the problem, the worker shall advise the supervisor. Upon approval of the supervisor, the service worker shall contact the nearest state attorney general's office regarding an injunction to prevent interference with the investigation. The service worker will be responsible for relaying the facts that show that:

a. There is reasonable cause to believe that the person is a vulnerable adult and has been abused, neglected, exploited, or abandoned; and

b. The worker has been denied access while seeking to investigate the complaint.

C. In any case where the complaint is justified and the client accepts service, a case plan with specific time limited goals will be established within 30 days.

D. Adult Protective Services cases are normally of an emergency nature and remain adult protective cases only until the emergency situation is stabilized, usually not to exceed 90 days.

E. If in the judgment of the service worker, it is essential to provide protective services beyond 90 days, supervisory approval is required. If supportive services are also necessary during the extended period, such services may be continued as long as they are an integral part of the adult protective services plan and allowed by statute or WAC, e.g., chore services.

F. If the client is placed in residential care the workers may, with supervisory approval, keep the case open long enough for one follow-up contact to determine the success of the plan.

G. If the client is able to remain in the community, is under sixty years of age, and is not developmentally disabled, case management services, if needed, will be provided by CSO adult service workers. If the client is sixty years of age or older, not developmentally disabled, not in residential care, and needs case management, the I and A case manager is responsible for the followup.

H. If continuation of supportive services, such as chore are needed after adult protective services are terminated, these services can be continued only if the client qualifies under the usual eligibility requirements for the service.

I. First-line supervisors are responsible for assuring that adult protective services are delivered and services terminated in a timely fashion.

J. Notification will be made to the Central Registry of Incidents of Abuse/Neglect if the client is a dependent adult and abuse is substantiated. The notification is to be sent within five working days after abuse is substantiated to the Bureau of Aging and Adult Services, MS OB-43G, attention APS program manager.

K. An immediate telephone report will be made to the Bureau of Nursing Home Affairs when an APS worker receives a report or has reason to believe that a nursing home patient has suffered abuse or neglect. (See 44.60 B for procedure.)

L. The service worker should confer with the facility worker and/or client's service worker on reported incidents of abuse and neglect in ICF, CCF, AFH or VDV shelters. A report will be sent to the Bureau of Aging and Adult Services (see 44.60 C 5 for procedure).

M. An immediate telephone report will be made to the Division of Developmental Disabilities field service office when an APS worker receives a report or has reason to believe that a DDD client has suffered abuse or neglect.

N. Upon receiving a report of an incident of abuse or neglect involving an adult dependent person who has died or has had physical injury inflicted on him/her other than by accidental means or who has been subject to sexual abuse, the service worker shall report such incident to the proper law enforcement agency.

44.22 Program Outcomes

A. Crisis Situation Controlled

1. Services have been provided to enable client to remain in his/her own home.

2. Client is no longer being abused.

3. Client is no longer abandoned.

4. Client is no longer being neglected.

5. Client is no longer being exploited.

6. Client is no longer in a hazardous environment.

7. Remedial medical care or mental health services have been arranged for and provided.

B. Protection Provided

1. The situation has been resolved in the setting in which the client suffered abuse, abandonment, exploitation, or neglect.

2. The client is no longer without means or ability to obtain food, clothing, shelter, or health care.

3. The client is no longer abandoned or in a situation in which he/she suffers abuse, neglect or exploitation.

4. The client's fiscal resources are being used for his/her own needs and desires.

5. The client has moved to other housing and the problem of poor living condition has been resolved.

6. Emergency chore services and/or other community resources have been provided to correct unsafe or unsanitary conditions.

7. Necessary home repairs have been achieved and the premises are no longer unsafe or a health hazard.

8. Protective payment or representative payment has been established.

9. Guardianship has been established or other legal assistance has been provided.

10. Medical and/or mental health assistance has been provided.

C. Supervised Care Provided

The client has been admitted to an institution, VDV shelter, AFH, CCF, ICF or SNF for the purpose of receiving physical or mental care.

D. Intervention Discontinued

1. The client refuses or revokes consent.

2. Family, friends, or significant others are unable to support the service plan.

3. The community lacks the necessary resources to bring needed services to the client and no suitable alternatives have been found to remedy the situation.

4. The court refuses to issue an injunction to enable the CSO worker to gain access to the individual.

5. The client dies.

44.30 SERVICE PROCEDURES

44.31 Individual Service Plan (ISP)

A. When the service worker determines a complaint is valid due to abuse, abandonment, neglect, or explortation. Eligibility will be documented on the DSHS 4-114(X), Social Services Intake form, or the DSHS 14-192, Comprehensive Adult Assessment form, as appropriate. An individual service plan will be established in cooperation with the appropriate division or case manager depending on the client's circumstances. The plan will be recorded on the DSHS 2-305(X), Service Episode Record (SER) and services will be authorized on DSHS 14-154(X), Social Service Authorization (SSPS Manual). Changes in the service plan will be recorded on the DSHS 2-305(X), Service Episode Record and authorized on the DSHS 14-159, Change of Service Authorization. If the client is a vulnerable adult consent will be obtained and recorded on DSHS 15-198(X).

B. In the event that the client is an Indian who is unable to participate in his/her own service planning, the service worker shall seek assistance from Tribal and urban Indian leaders, Tribal court personnel, Tribal and urban Indian social service personnel, Tribal police, or any member of the extended family unit. Indian Health Services and DSHS Office of Indian Affairs staff may also be included. Utilization of non-Indian resources of the department shall be the last resort.

C. The individual service plan may require the service worker or appropriate case manager to:

1. Counsel with the APS client or with any other individuals involved in the situation in an effort to resolve the problem without moving the client to a different living situation.

2. Contact landlords or community agencies about necessary home repairs.

3. Arrange for volunteer services such as daily telephone contact, friendly visiting or handyman help.

4. Arrange for medical or mental health services.

5. Arrange for in-home services.

6. Arrange for money management or consumer education service to assist the client in learning about good nutrition, wise buying, meal preparation or learning new and easier home management techniques.

7. Help to locate and identify guardians or other legal assistance to help the client preserve property, or for limited guardianship of that client's person or resources.

8. Arrange for representative or protective payment of the client's grants or entitlements.

9. Call on relatives and friends to secure their assistance in removing the client from hazardous situations.

10. Help the client move to alternate housing.

11. Refer the client for placement in an AFH, CCF, ICF, SNF, DDD, hospital, or mental health facility.

12. Seek the help of law enforcement officials in situations of grave danger to the client.

13. Contact the Indian tribal government and urban leaders or Indian social service personnel to help with case planning.

D. Other services may be added or continued after completion of the initial protective service plan, such as health support or chore services if the client is eligible for the service needed.

44.32 Central Registry for Dependent Adults

A. All substantiated cases of abuse and neglect of dependent adults referred to the department must be reported by the CSO service worker to the Central Registry.

B. The purpose of the Central Registry is:

1. To have a system of centralized storage and retrieval of case information in all substantiated incidents reported to the department of death, physical injury (abuse), of substantiated nonaccidentally inflicted physical neglect, sexual abuse or mental injury (abuse and/or neglect) of children and dependent persons of any age.

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2. To make case information available in usable form to requesting attorney generals, prosecuting attorneys, county sheriffs, local police departments, coroners or medical examiners, CSOs, physicians and their designees or licensed hospitals (as listed in RCW 26.44.070, 44.32, and in accordance with WAC 388-15-139). To access the register, call the Bureau of Aging and Adult Services, SCAN 234-2502.

C. The procedure for reporting the abuse of dependent adults is the same as the procedure for reporting child abuse. The DSHS 2-142(X), Child Abuse Register Report, is used to report to the Central Registry within five (5) days of a substantiated report. Completed 2-142(X) reports are to be sent to the Bureau of Aging and Adult Services, MS OB-43G, Olympia, WA 98504, Attention: APS Program Manager.

D. Substantiation

1. If multiple types of abuse/neglect or multiple incidents or multiple "abusers" are reported, substantiation will have to be considered separately for each.

2. If the APS worker and the APS supervisor concur with the report source (complainant) or otherwise determine through investigation that the facts of the situation reasonably support the conclusion that the dependent adult is or was a victim of abuse or neglect, the report shall be made to the Central Registry as a substantiated case.

3. When mandatory reports of abuse or neglect of an adult dependent person are received from persons reporting out of their professional experience and the APS worker and supervisor concur a report shall be considered substantiated and reported to the Central Registry. In terms of the Central Registry, the CSO function is largely an administrative one when the information comes from an authoritative or expert source:

   a. The CSO screens the information to determine if the matter is already substantiated and reports specified information to the Central Registry.

   b. As the reliability of the report source and/or information decreases, the CSO function shifts from one of administration to one of full investigation, evaluation, substantiation, etc.

4. Information from the following sources is to be considered already substantiated:

   a. Law enforcement personnel, if they are reporting their own findings and nearly always when criminal abuse/neglect charges have been filed;

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b. An alleged perpetrator admitting or confessing without duress he/she abused/neglected the dependent adult in question;

c. Findings of fact by a grand jury, coroner's jury or inquest, superior court, or other legal hearing.

5. The APS supervisor may request consultation from the RO, the APS program manager, or an assigned assistant attorney general as to whether or not proper substantiation has been achieved.

6. The facts of substantiation must be recorded on the DSHS 2-305(X).

44.33 DSHS Employees or Volunteers

A. Abuse or neglect by DSHS employees or volunteers is handled according to Administrative Policy 9.01 on incident reporting issued 2/10/83. This applies if there are allegations involving violation of the state statutes, which would include abuse, neglect or exploitation of a client by a staff person.

1. All allegations shall be brought to the attention of the immediate supervisor of the alleged perpetrator or responsible DSHS person acting in his/her place.

2. The immediate supervisor will notify the office administrator and/or the Regional Administrator. The Regional Administrator will consult with the appropriate Assistant Secretary of DSHS who will confer with the Attorney General's Office. The Assistant Secretary or Personnel Director acting as designee will determine who will carry out the investigation.

3. Investigation of employees shall, at all times, serve to preserve the integrity of the process and of the employee.

4. Upon completion of the investigation, a report shall be submitted to the Assistant Secretary and Personnel Director. If probable criminal violations are indicated, the Assistant Secretary and Personnel Director, in consultation with the Attorney General's Office, shall refer the case to appropriate law enforcement officials for prosecution.

5. If law enforcement officials do not accept the referral, the investigation will be performed by internal entities or other state agencies.

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6. Should disciplinary action become necessary, the provisions of Personnel Policy 545 and applicable Merit System Rules shall be followed.

7. Employee misconduct without suspected criminal implications is dealt with through the usual corrective action procedures.

8. Local APS staff will not be involved in the investigation unless specifically requested by the Assistant Secretary.

44.34 Protective Payment

A. Protective payment is used when an individual shows a persistent inability to manage his/her funds to meet his/her basic needs and obligations. (WAC 388-33-455)

B. When the CSO service worker establishes that the client's misuse of funds is threatening his/her well-being, this should be documented in the service record and a request made to the CSO administrator or designee to authorize protective payment.

C. Protective payment is limited to managing allowances for the cost of chore service or additional requirements such as restaurant meals or general assistance grants. However, protective payment shall not be used for allowances for chore services or additional requirements when the client is able to manage any other monies he/she receives, such as a Supplemental Security Income (SSI) award.

D. The Social Security Administration may designate a representative payee to manage SSI awards, in instances where beneficiaries cannot manage their award. The representative payee may also be the protective payee for chore services or additional requirement allowances.

E. Protective payment is appropriate only to overcome situations in which the client needs help in money management and the funds are paid by DSHS, SSA, or other federal agencies. When authority over the person or his property is needed and the client is incompetent, guardianship or limited guardianship should be established. If the client is competent, he/she may voluntarily give power of attorney to another person to manage specific financial matters.

F. The protective payee must be a person of good character and reliability, accessible to the client and interested in his/her welfare. He/she may be:

1. A relative, friend, member of the clergy, volunteer, or neighbor.

2. A member of a community service group or church.

3. A staff member of a public agency or private social agency, such as one administering health, rehabilitation, or housing programs.

4. Indian Tribal Government and urban leaders, Tribal court personnel, any Indian social service personnel who may be available or any member of the extended family unit.

5. A DSHS staff member only when no other suitable person is available.

G. To avoid conflict of interest, the individual may not be:

1. The CSO administrator, a special investigative staff member or any service worker authorizing or providing services for the client.

2. A vendor of goods and services dealing directly with the client, such as a chore service provider (WAC 388-33-455) landlord, SNF, ICF, CCF or AFH provider, any social care facility operator, or grocer.

H. The service worker and the protective payee will strive to improve the client's capacity for self-care and money management.

I. In accounting for expenditures the payee will keep an up-to-date record of expenditures for food, shelter, clothing and utilities which service workers or appropriate care manager shall review.

J. The CSO shall provide the client and protective payee copies of a written protective payment plan, in whatever form the CSO finds most convenient, on the respective roles of the protective payee and the department. A copy will be retained in the service record.

K. The protective payee may request to be relieved of that responsibility at any time. The protective payee may be relieved of that responsibility when a different payee is designated by the CSO, when the client is determined to be capable of managing his/her own funds or when a guardian is appointed.

L. The CSO service worker or appropriate case manager shall review the protective payment plan as frequently as the client's circumstances indicate, but at least every six months. The record should document the continuing appropriateness of the service or alternate planning.

44.35 Guardianship (RCW 11.82 and RCW 11.92)

A. Establishing Guardianship

1. The appropriate case manager will attempt to locate an individual or private nonprofit corporation to serve as legal guardian for a client who is unable to fully manage either his/her person or estate. A full guardianship should be suggested only when the client is totally unable to perform the functions necessary to maintain either him/herself or his/her estate. When the client can perform some of the functions of either person or estate a limited guardianship should be sought.

   Washington State law provides for limited guardianship when the client is only partially disabled and/or not totally incompetent, so he/she may retain as much control as possible over decisions affecting his/her life. The least restrictive alternative is mandatory by state law. Guardianship of any kind should be sought as a last resort.

2. Some of the causes of adults needing guardianship are:

   a. Mental illness

   b. Developmental disability

   c. Organic brain syndrome

   d. Excessive use of drugs or alcohol

   e. Mental incapacity

3. If the individual is unable to give informed consent to an emergent necessary medical procedure, a guardianship should be initiated (see 44.35 for limits).

4. Any interested person or organization may petition the Superior Court of the county of the client's residence to be appointed guardian, or to have some other qualified person appointed guardian. The court must appoint a guardian ad litem who is required to try to find a guardian if none is named by the petition or if the proposed guardian is inappropriate. The APS service worker does not have the authority to file the petition except with respect to vulnerable adults who lack the ability or capacity to consent to protective services. If the service worker determines that this is the case, supervisory approval is necessary before filing. Once approval is given, the service worker will contact the nearest state attorney general's office regarding the filing of the petition.

5. The service worker will try to find a relative or friend willing to petition for guardianship and who will pay the necessary costs when these cannot be recovered from the client's assets. However, Washington State law states that court costs can be paid by the county if the costs create a substantial hardship to the client (RCW 11.88.030(2) and RCW 11.88.090(6)) if requested by the AAG.

6. Where appropriate, the service worker will seek the assistance of the Indian community when Indian clients require guardianship.

7. The court may waive the requirement of a bond and filing fee for the guardian, if the total assets of the client are less than $3,000. The bond may be waived if the guardian in a nonprofit corporation.

8. Fees to the guardian ad litem and legal counsel usually come from the alleged incompetent's assets and may be paid by the county if payment constitutes a substantial hardship on the alleged incompetent or disabled person. If the petition is found to be frivolous or not brought in good faith, the guardian ad litem fee must be charged to the petitioner. If no guardian is appointed, the fee may be charged to the petitioner. Care should be taken to limit the exposure of the department to such charges.

9. Petitions for guardianship are to be heard within forty-five days of filing. However, a guardian ad litem may consent to emergency lifesaving medical services pending the hearing.

10. A certified copy of the order of guardianship must be secured from the court and retained in the financial record if the department is making a financial payment. Written notice of the guardianship must be in the social service record.

11. The guardian is responsible to the court to file an inventory of the ward's property, to file an annual report and to notify the guardian ad litem, the ward's attorney and the ward when that ward is to be placed in a nursing home or other residential treatment facility.

12. The guardian cannot:

    a. Involuntarily commit the ward for mental health treatment, observation or evaluation unless the procedures for involuntary commitment are followed. (RCW 10.71, 71.05 and 72.23)

    b. Consent to therapy or other procedures which induce convulsions, surgery, amputation, or other psychiatric/mental health procedures which are intrusive on the person's integrity.

c. Place a ward in a residential treatment facility against his/her will, without a court hearing.

B. Terminating Guardianship

1. Anyone, including the ward, may ask the court to modify or terminate the guardianship at any time.

2. If a guardian dies, moves away, or declines to serve further, the guardianship must be terminated and a new guardian appointed by court action. A substitute guardian is required to be listed by the guardian at the time the guardianship is established and should be listed by the service worker in the service record. Any change of guardian must be noted in the service record.

3. The Social Security Administration should be notified of the establishment or termination of a guardianship for a person receiving Social Security benefits.

4. The court can remove guardians for "good and sufficient reasons" and can appoint others in their place.

44.60 INTERFACE WITH OTHER DSHS SERVICES

In carrying out the service plan, the CSO adult protective service worker will confer and coordinate with other CSO services and other parts of DSHS and with public or private community agencies. Other DSHS services include:

A. Division of Developmental Disabilities

1. Responsibility for all adult protective services investigation lies with the CSO Adult Protective Services Unit. The CSO staff and DDD case management services staff shall collaborate in giving protective services to persons with developmental disabilities.

a. If DDD Case Management Services receive a complaint, they shall immediately refer the case to the nearest CSO APS Unit and make available client information that will be helpful with the investigation.

b. After investigation of the APS complaint is completed by the CSO Adult Protective Services Unit, those adults believed to meet the definition of developmentally disabled will be referred to DDD Case Management staff who will assume responsibility for carrying out the service plan for those determined eligible for DDD services.

c. The APS worker remains responsible for submitting the DSHS 2-142(X). Where services are provided by DDD, DDD Case Management staff will furnish the APS worker with information needed to complete this report.

2. The service worker may also confer with DDD Case Management staff regarding:

a. Information on client's level of functioning.
b. Available activities, training or sheltered work.

B. Bureau of Nursing Home Affairs

1. RCW 70.124 establishes the requirement for a reporting system to protect nursing home patients from abuse and neglect. It also requires that, as a result of such reports, protective services be made available to prevent further abuse. Reports shall be maintained and disseminated with strictest regard for privacy.

2. The statute defines abuse or neglect as "the physical injury or conditon, sexual abuse, or negligent treatment of a nursing home patient under circumstances which indicate that the patient's health, welfare and safety is harmed thereby."

"Negligent treatment" means an act or omission which evinces a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the patient's health, welfare, and safety.

3. Any department employee who receives a report or has reason to believe that a nursing home patient has suffered abuse or neglect, shall immediately inform his/her supervisor and make an oral (telephone) report to the Bureau of Nursing Home Affairs or survey field offices (toll free 1-800-562-6078). The Bureau of Nursing Home Affairs headquarters staff are in Olympia. Bureau of Nursing Home Affairs survey field offices are in Spokane, Seattle, and Olympia.

4. A written report shall be sent if requested. Oral or written reports shall contain the following information, if known:

a. Name and phone number of the person making the report

b. Name and address of the nursing home involved

c. Name and address of the nursing home patient (include room number if possible)

d. Name and address of the patient's relatives having responsibility for the patient

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e. Nature and extent of injury, abuse or neglect

f. Evidence of previous injuries

g. Eyewitnesses to the incident

h. Information which may be helpful in establishing the cause

i. Identity of the alleged perpetrator

5. During the oral report to the Bureau of Nursing Home Affairs representative, a joint decision may be made as to whether:

   a. The APS worker will make the investigation and/or offer services to the patient and patient's family;

   b. The Bureau of Nursing Home Affairs surveyors will make the investigation; or

   c. A joint investigation by the APS worker and Survey Office will be made. In addition, the appropriate case manager might also participate in the investigation.

6. The APS worker will share this information with local law enforcement.

7. Investigation of reported abuse or neglect in a nursing home must commence within 24 hours of receipt.

C. Other CSO Services

1. Financial services to apply for financial grants or authorize additional requirements.

2. Chore services to provide meals, household work, 24-hour supervision, etc., to maintain a person in his/her own home.

3. Volunteer services for transporation, Senior Companions, errands, etc.

4. Community nurses, prescreening social workers, or nursing care consultants regarding any possible nursing need.

5. Adult Family Homes and Congregate Care Facilities

   a. When the APS worker receives a complaint alleging abuse, neglect, or exploitation in an AFP/CCF, he/she should confer with the AFH/CCF facility worker, licensors, and/or the client's service worker before beginning the investigation. The AFH/CCF facility worker and/or the client's service worker should make available information that will be helpful with the investigation.

   b. An AFH/CCF facility worker and/or the client's service worker receiving an alleged complaint of abuse, neglect or exploitation in the AFH or CCF, shall refer to the APS service worker who will investigate. The APS service worker may ask the AFH/CCF facility worker and/or the client's service worker to assist in the investigation if appropriate.

   c. If the complaint is found to be valid, the APS worker will share with the placement worker and licenser the actions taken and services provided.

   d. The APS worker is responsible for reporting substantiated instances of neglect, abuse, exploitation, or abandonment of dependent persons residing in an AFH/CCF to the Central Registry using DSHS 2-142(X), Abuse Register Report.

44.70 INTERFACE WITH NON-DSHS SERVICES

Area Agency Funded Case Management and Information and Assistance Services

A. The APS worker and the AAA case manager will cooperate in giving protective services to adults 60 years of age or older.

   1. Responsibility for the adult protective investigation lies with the CSO Adult Protective Services Unit to determine if there is a valid complaint. Complaints received by case managers and I&A workers and cases of adult abuse, neglect, exploitation, or abandonment suspended by case managers and I&A workers shall be referred to the CSO-APS Unit. AAA case managers and I&A workers shall make available to APS staff any client information which will be helpful to the investigation. Sharing this information is not a violation of confidentiality.

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2. When the investigation is completed, the APS worker and AAA case manager jointly develop a service plan if the client is sixty years of age or older, is not a DDD client, and is not in residential care. The AAA case manager is responsible for ongoing case management for non-DDD client needing case management, age 60 and over, and not in residential care. The CSO is responsible for all clients entering residential care.

3. The APS worker remains responsible for submitting the DSHS 2-142(X), Abuse Register Report (see 44.32), submitting reports of incidents occurring in nursing homes (see 44.60B) to the Bureau of Nursing Home Affairs and for completing the DSHS 14-114(X), Social Service Intake form, and DSHS 14-154(X), Social Services Authorization.

B. For Indian clients the service worker shall confer and coordinate with available Indian community resources before exploring the department's non-Indian resources.

C. Services to Victims of Domestic Violence

1. State legislation (RCW 70.123 and RCW 10.99) authorizes the Division of Children and Family Services to contract for services and shelters for victims of domestic violence. These services are separate from the usual adult protective service because the client population is significantly different.

2. When the APS worker receives a victim of domestic violence complaint he/she should refer the victim to the local domestic violence program or shelter for services. If there is no local program, the victim must be referred to the statewide contact point for assistance from the program (VDV Hot Line (800) 562-6025). If appropriate, the APS worker and domestic violence personnel may work together on the provision of services to the victim.

3. Service to victims of domestic violence has a separate code on the DSHS 14-154(X). If the only service performed is a referral to the Domestic Violence program, it does not need to be reported on the DSHS 14-154(X).

D. Rape Crisis/Sexual Assault Program

1. Rape and other forms of sexual assault are crimes and are a law enforcement responsibility. Many victims are at risk of venereal disease and infection and should be referred for a medical examination.

2. Although the victim is often an adult and sexual assault is abuse, the services needed are usually different from those provided to the APS client. Sexual abuse may include sexual exploitation and sexual favors in exchange for special treatment.

3. If APS workers are contacted by victims of sexual assault requesting services, the victims should be referred to the rape crisis/sexual assault organization if one exists in the community. If the victim is also at risk due to physical or mental impairment, the APS worker should investigate the offense and serve the client in cooperation with the sexual assault organization. Some victims may not wish to contact the rape crisis/sexual assault center. If APS is providing services, the rape crisis/sexual assault center can be a resource to the service worker on medical, legal and counseling information.

4. Incidents of sexual abuse investigated or served by the APS workers should be coded as abuse on form DSHS 14/154(X). If the only service given is a referral to sexual assault organizations, it does not need to be recorded on the DSHS 14-154(X).

E. The service worker may also confer or coordinate with:

1. Federal agencies such as the Social Security Administration or the Veterans' Administration concerning financial entitlements.

2. County-designated mental health professionals and mental health clinics regarding mental health services and/or institutional commitment.

3. County health services for community health nurses, sanitation and rodent control, etc.

4. Local home health agencies for in-home nursing care.

5. Local legal services, local Bar Associations, or the Foundation for the Handicapped, etc., for legal services to establish guardianship or for help with other legal problems regarding the protection of the client and/or his/her resources, such as landlord-tenant problems, foreclosure, etc.

6. Advocacy groups representing APS clients, e.g., The Trouble Shooters, the Foundation for the Handicapped, and local Councils on Aging.

7. Senior Citizens Centers for personal social experiences, and local senior programs such as meal service, health clinics, respite, and transportation.

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8. Other community resources for services essential to the protective service plan, such as resumption of utilities, daily telephone check-in, etc.

44.80 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for general instructions on these generic forms:

DSHS 2-142(X) Central Registry of Reports of Abuse/Neglect (Rev. 6/84)

DSHS 2-305(X) Service Episode Record (Rev. 10/78)

DSHS 2-306(X) Communication/Referral (Rev. 9/78)

DSHS 2-306A(X) Communication/Referral, page 2 (Rev. 9/78)

DSHS 10-160(X) Referral to AAG for Injunction to Prevent Interference With Investigation

DSHS 10-162(X) Referral to AAG for Petition for Guardianship

DSHS 14-24(X) Face Sheet (Rev. 9/78)

DSHS 14-114(X) Social Services Application (Rev. 12/79)

DSHS 14-154(X) Social Services Authorization

DSHS 14-159 Change of Service Authorization (Rev. 5/80)

DSHS 15-198(X) Adult Protective Services Consent to Receipt of Services

44.90 SSPS ADULT PROTECTIVE SERVICES SERVICE CODES (See SSPS Manual)

A. The initiation and completion of an investigation/evaluation of a report of abuse, abandonment, neglect, or exploitation of an adult and the development of a service plan has been assigned SSPS Code 4401.

B. Services provided to resolve the adult's need for protection including coordination with other state or community resources has been assigned SSPS Code 4402.

C. Services to victims of domestic violence has been assigned SSPS Code 4101.