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POLICY TRANSMITTAL NO. 08-01	DATE: FEBRUARY 12, 2008
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:5-1-3; 5-3-2; 5-3-4 through 5-3-6; 5-5-5; and 5-5-7.

EXPLANATION: **Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.**

OAC 340:340:5-1-3 Instructions to staff (ITS) are revised to: (1) clarify instances when Adult Protective Services (APS) staff consults with the Legal Division for instructions regarding orders to release information or orders to testify at depositions; (2) add a requirement for supervisory consultation prior to contacting the Legal Division; and (3) add e-mail as an option for transmitting of data.

OAC 340:5-3-2 ITS are revised to: (1) reflect automated computer processes; (2) remove outdated references to paper procedures for case documentation; and (3) remove from hotline staff guidelines the need to contact the APS supervisor when a call comes in right before or during a holiday weekend.

OAC 340:5-3-4 ITS are revised to: (1) add contact information for the three Developmental Disabilities Services Division (DDSD) facilities; (2) update procedures for processing Long Term Care Investigation (LTCI) Unit referrals; (3) remove outdated references to paper procedures for case documentation; (4) add reference to electronic processes; and (5) remove outdated language.

OAC 340:5-3-5 ITS are revised to: (1) reflect automated computer processes; (2) remove outdated references to paper procedures for case documentation; and (3) remove outdated language.

OAC 340:5-3-6 ITS are revised to: (1) add abandonment and financial neglect in screening instructions; (2) change the word caregiver to caretaker for consistency with remainder of policy and statutes; (3) update form numbers; and (4) add clarifying language for dealing with existing paper cases, security of electronic files, and how APS staff stay in communication in case of emergencies.

OAC 340:5-5-5 ITS are revised to: (1) reflect current practice; (2) remove requirements for submitting Form APS-1-A; (3) update form numbers and electronic processes; and (4) add clarifying information.

OAC 340:5-5-7 ITS are revised to: (1) reflect automated computer processes; and (2) remove outdated references to paper procedures for case documentation.

Original signed on 2-11-08

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Mary Stalnaker, Director  
Family Support Services Division

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Sharon Neuwald, Coordinator  
Office of Legislative Relations and Policy

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WF # 07-MM (NAP)

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**INSTRUCTIONS FOR FILING MANUAL MATERIAL**

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

**REMOVE**

**INSERT**

340:5-1-3	340:5-1-3, pages 1-2, revised 2-1-08
340:5-3-2	340:5-3-2, pages 1-3, revised 2-1-08
340:5-3-4	340:5-3-4, pages 1-2, revised 2-1-08
340:5-3-5	340:5-3-5, pages 1-2, revised 2-1-08
340:5-3-6	340:5-3-6, pages 1-6, revised 2-1-08
340:5-5-5	340:5-5-5, pages 1-3, revised 2-1-08
340:5-5-7	340:5-5-7, 1 page only, revised 2-1-08



**340:5-1-3. Program coordination**

Issued 6-1-03

Family Support Services Division, Adult Protective Services (APS) Unit, has responsibility for program planning, staff training, technical assistance, quality assurance, and policy development. Field Operations Division, APS field liaisons, assist in this process by providing local support for APS staff. The APS program is implemented in the field through APS specialists in local Oklahoma Department of Human Services offices. ■ 1

**INSTRUCTIONS TO STAFF 340:5-1-3****Revised 2-1-08**

1. (a) Questions concerning policy issues are addressed by the Adult Protective Services (APS) specialist to the supervisor or designee for resolution. If the supervisor is unavailable, staff may consult the area APS field liaison. Family Support Services Division (FSSD), APS Unit staff address questions concerning policy, procedures, and protocols if neither the supervisor nor the field liaison is available, and in all cases serves as the final authority for interpreting APS program policy. All personnel issues are the responsibility of the county directors.
- (b) Questions regarding legal issues may be referred to the Oklahoma Department of Human Services (OKDHS) Office of General Counsel, Legal Division by FSSD, APS Unit staff or APS area field liaisons. In emergency situations involving temporary guardianships the APS supervisor may refer the APS specialist directly to the Office of General Counsel.
- (c) In cases where an APS specialist is subpoenaed to testify in court regarding an APS case, receives an order to release information, or receives an order to testify at a deposition, the APS specialist, following consultation with his or her supervisor:
  - (1) contacts the Office of General Counsel to review what information may be divulged;
  - (2) faxes or scans and e-mails a copy of the subpoena or order to the OKDHS Office of General Counsel, Legal Division before any other contact is made; and

**(3) documents contact with the Office of General Counsel in the Notes Section of the APS Computer System.**

**340:5-3-2. Abuse hotline 1-800-522-3511**

Issued 6-1-03

The Oklahoma Department of Human Services maintains a statewide, toll free hotline for the purpose of receiving reports of abuse, neglect, or exploitation of children and adults. The hotline operates 24 hours a day, seven days a week. The hotline is staffed by Children and Family Services Division personnel who are trained in Adult Protective Services reporting procedures. ■ 1

**INSTRUCTIONS TO STAFF 340:5-3-2**

Revised 2-1-08

1. (a) **Reports** The hotline staff accepts all information and records it, in the Intake Section of the Adult Protective Services (APS) Computer System including the name of the reporter, if possible. Anonymous reports are handled in the same manner as those made by a person who identifies himself or herself.

(b) **Guidelines for hotline staff.** When a report falls within the Priority Guidelines for hotline staff in (c) of this Instruction, hotline staff refers to the latest contact list provided by the Family Support Services Division (FSSD) APS Unit and immediately telephones the appropriate APS supervisory staff. Hotline staff receiving APS calls after hours always call the APS supervisor when:

(1) the reported allegations fall within the priority guidelines in (c) of this Instruction;

(2) the situation does not fall within the priority guidelines, but information given by the reporter indicates immediate action may be necessary; or

(3) hotline staff is unable to decide whether the situation reported falls within the priority guidelines.

(c) **Priority guidelines for hotline staff.** When a call is received that meets the priority guidelines in (1) through (5) of this Instruction, hotline staff asks the reporter if 911 or the local emergency services number has been called. If local emergency services have not been called, hotline staff tell the reporter to call 911 or other local number if immediate help is needed. Hotline staff tell the APS supervisor whether the reporter called local emergency services or was asked to call. APS situations are considered priority referrals when:

- (1) abuse is occurring at the time of the referral;**
- (2) immediate medical attention is needed to treat conditions that could result in irreversible physical damage or death, such as unconsciousness, acute pain, severe respiratory distress, or suspected gangrene;**
- (3) there is threat of suicide of the alleged victim (AV);**
- (4) there is threat of homicide to the AV;**
- (5) there is reason to believe the AV or alleged perpetrator (AP) is exhibiting psychotic or bizarre behavior which places the AV in immediate danger;**
- (6) sexual, physical, or the threat of such abuse is reported and the AP currently has access to the AV;**
- (7) the report indicates sexual abuse that occurred within the last 72 hours;**
- (8) the caregiver refers self for fear he or she may harm AV;**
- (9) there is reason to believe the AP may flee the investigation and move AV to an unknown location;**
- (10) the AV needs total care and has been left without a caregiver. Examples include: the caregiver is hospitalized, deceased, or abandons the AV;**
- (11) the AV lacks basic physical necessities severe enough to result in freezing, serious heat stress, or starvation;**
- (12) there is neglect or self-neglect whether AV is without essentials for daily living or critically needed supervision, and AV's impaired judgment or physical condition places AV in immediate danger;**
- (13) there are visible injuries, bruising to vital areas, or other possible life threatening conditions;**
- (14) there is sudden deterioration in AV's condition, and AV may be in imminent danger;**
- (15) there is an environmental hazard or condition that places AV in immediate danger;**

(16) there is punishment or confinement of AV, such as locking in a closet or tying to a bed; or

(17) there are any other factors, such as repeated incidents or reports, that are believed to indicate imminent danger.

(d) If a report from the hotline is made to the incorrect human services center (HSC), the APS specialist receiving the report is responsible for notifying the appropriate APS staff.

(e) Hotline staff do not screen APS reports. Some APS reports are sent to investigative bodies other than local APS, as indicated in (1) through (4) of this Instruction.

(1) If the AV is a resident of Northern Oklahoma Resource Center of Enid (NORCE), the Greer Center, or Southern Oklahoma Resource Center (SORC) of Pauls Valley, or is known to be a Hissom Class member, the report is made to the Office of Client Advocacy (OCA) at 405-525-4850 or fax 405-525-4855 or, after regular business hours, the OCA on-call ombudsman at 405-203-6056.

(2) If the AV is a resident of a licensed nursing facility, and the alleged perpetrator is a facility employee, the report is made to the Family Support Services Division, APS Unit, Long Term Care Investigations (LTCI) Section, 405-521-3440.

(3) If the hotline staff determines that the AV is deceased, the caller is referred to the local district attorney's or medical examiner's office.

(4) If the AV is presently incarcerated in a city, county, state, or federal jail or prison, or is a resident of a state or federal hospital, the caller is referred to the internal advocates for the agency that regulates the facility. If the caller is resistant to being referred elsewhere, the report is accepted and forwarded to the APS Program Section in FSSD.



**340:5-3-4. Reports under the jurisdiction of agencies other than local APS**

Revised 6-7-04

Some reports of alleged maltreatment of vulnerable adults are not investigated by local Adult Protective Services (APS) staff.

**(1) Reports of alleged victims who are residents of Northern Oklahoma Resource Center of Enid (NORCE), Greer Center, or Southern Oklahoma Resource Center (SORC) of Pauls Valley, or former residents of Hissom Memorial Center.** Reports which allege a resident of NORCE, Greer Center, or SORC has suffered maltreatment by an employee of the facility, as well as reports which allege maltreatment of a former resident of Hissom Memorial Center by a current caretaker, are referred to the Oklahoma Department of Human Services (OKDHS) Office of Client Advocacy (OCA). ■ 1

**(2) Alleged victims of maltreatment in hospital settings.** Reports of alleged maltreatment of vulnerable adults who are receiving services in medical hospitals, rehabilitation facilities, or private psychiatric hospitals by staff of the facility are referred to the Oklahoma State Department of Health, Protective Health Services, Medical Facilities Service. ■ 2

**(3) Alleged victims of maltreatment by staff of the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) and its contracted providers.** Reports of alleged maltreatment of a vulnerable adult by staff of a public or private community mental health agency are referred to the Advocacy Division of DMHSAS. If DMHSAS declines to conduct an investigation, the report may be referred back to the local APS office. ■ 3

**(4) Reports alleging maltreatment of residents by staff of nursing facilities.** Reports of alleged maltreatment of nursing facility residents are sent to the Family Support Services Division, APS Unit, Long Term Care Investigations Section. These reports are also sent to the Oklahoma State Department of Health, Protective Health Services. ■ 4

**(5) Reports involving local, state, or federal correctional facilities.** Reports of abuse, neglect, or exploitation of residents by staff of state or federal public hospitals, jails, prisons, or similar facilities are referred to the facility's regulatory department for investigation and to the local district attorney.

**(6) Reports involving deceased alleged victims.** Reports of maltreatment of persons who are already deceased at the time the report is made are not accepted

by APS. Reporters are referred to the state or local Office of the Medical Examiner, local law enforcement, or, if the death occurred in a nursing facility, to the Medicaid Fraud Control Unit in the Office of the Attorney General.

## **INSTRUCTIONS TO STAFF 340:5-3-4**

### **Revised 2-1-08**

- 1. When an Adult Protective Services (APS) report regarding current residents of Northern Oklahoma Resource Center of Enid (NORCE), 580-213-2700, the Greer Center, 580-213-2700, or Southern Oklahoma Resource Center (SORC), 405-238-6400, or a former resident of Hissom is received, all pertinent information is entered in the Intake Section of the APS computer system and immediately referred to the Office of Client Advocacy (OCA), by fax, 405-525-4855 or e-mail,\* oca.intake@OKDHS.org. If a report is received after regular business hours, the complaint is referred to the OCA on-call ombudsman, 405-203-6056. A copy of the report is sent to Developmental Disabilities Services Division. In some instances of self-neglect involving Hissom class members, the OCA may refer a complaint back to the local Adult Protective Services (APS) staff for the human services center (HSC) where the alleged victim resides.**
- 2. Hospital reports are telephoned to Oklahoma State Department of Health (OSDH), Protective Health Services, Medical Facilities Service, 405-271-6576.**
- 3. Reports involving Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) operated or contracted facilities or providers are telephoned to the DMHSAS Advocacy Division at 405-573-6605 or toll free, 1-866-699-6605.**
- 4. Nursing facility reports are submitted by completing the Intake Section on the APS Computer System and marking it as a facility investigation. The report is automatically submitted by the computer to the Long Term Care Investigations (LTCI) Unit for screening. The LTCI telephone number is 405-521-3440; fax is 405-522-3463.**

**340:5-3-5. Multiple jurisdictions**

Issued 6-1-03

Some reports which are appropriate for Adult Protective Services (APS) intervention are also required to be sent to other agencies.

**(1) Reports which are sent to Oklahoma State Department of Health (OSDH).** Reports alleging maltreatment of vulnerable adults are accepted and screened by APS but are also sent to OSDH, Protective Health Services, for residents of:

(A) residential care facilities;

(B) assisted living facilities; and

(C) nursing facilities when the report is of self-neglect or maltreatment by a person not employed by the facility. ■ 1

**(2) Reports which are sent to law enforcement.** Reports alleging illegal activity or situations which may be dangerous for an APS specialist are referred to local law enforcement. A referral of this type does not relieve APS of responsibility for assessing the need for protective services in such situations. ■ 2

**(3) Reports involving substance abusers and persons with a mental illness.** Reports regarding alleged substance abusers or persons with a mental illness are submitted to an APS supervisor for screening and may be appropriate for APS investigation. If upon investigation the APS specialist finds that the client's primary problem is that of substance abuse or dependency, or that the client is in need of mental health treatment, the APS specialist assists the client in obtaining appropriate mental health treatment. The APS specialist may assist law enforcement officers when requested by providing behavioral assessments necessary to obtain involuntary mental health treatment, such as third party affidavits. Oklahoma law gives the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) primary responsibility for the mentally ill and substance abusers. DMHSAS actively treats seriously mentally ill persons until their condition is stabilized. Community mental health centers administered by or under contract to DMHSAS provide recommended aftercare services to patients who are discharged from state mental hospitals. ■ 3

**INSTRUCTIONS TO STAFF 340:5-3-5**

Revised 2-1-08

1. (a) When a report is received in the human services center (HSC) alleging that a resident of a residential care or assisted living facility, licensed or unlicensed, is suffering maltreatment, or that a resident of a nursing facility is suffering maltreatment from anyone not on the facility's staff or self-neglect, the person accepting the report enters all pertinent information in the Intake Section of the Adult Protective Services (APS) Computer System and submits it through automated processes to the appropriate APS supervisor or designee for screening. In addition, in accordance with Article 8, Section 1-830 of Title 63 of the Oklahoma Statutes, the person accepting the report also telephones, faxes, or e-mails a summary of the referral to Oklahoma State Department of Health (OSDH), Protective Health Services. The telephone number is 405-271-6868, toll free 1-800-747-8419; fax 405-271-4172; toll free fax 1-866-239-7553, and e-mail address is LTCComplaints@health.state.ok.gov.  
  
(b) Final investigative findings on any of these reports accepted for APS investigation are also sent in summary form to OSDH, Protective Health Services.
2. When reports contain allegations of illegal drug manufacture or sale, dangerous animals, guns, or other situations that present a potential serious danger to an APS specialist, the APS specialist notifies local law enforcement of the allegations.
3. In order to appropriately utilize available services for their clients, APS specialists are knowledgeable about:
  - (1) current state mental health laws;
  - (2) local law enforcement policies regarding voluntary and involuntary treatment for mentally ill persons and substance abusers;
  - (3) mental health professionals; and
  - (4) resources available in their communities.

**340:5-3-6. Screening APS reports**

Revised 6-7-04

(a) **Responsibility for screening reports.** Adult Protective Services (APS) supervisors are responsible for screening reports and either accepting them as APS referrals or classifying them as Information and Referral. When a request is accepted as an APS referral, the supervisor determines whether an emergency response is indicated, whether the referral is employee related, and which APS specialist is assigned the referral. ■ 1

(b) **Reports involving domestic violence.** APS situations are often forms of domestic violence. Reports received alleging maltreatment of an adult by a spouse or other family or household member are considered protective services requests if the alleged victim is vulnerable as defined in OAC 340:5-1-6. ■ 2

(c) **Reports involving OKDHS employees or their families.** Specific procedures are followed when a report of maltreatment is received which involves an employee of the Oklahoma Department of Human Services (OKDHS). ■ 3

**INSTRUCTIONS TO STAFF 340:5-3-6**Revised 2-1-08

1. (a) The Adult Protective Services (APS) supervisor uses the items in (1) through (6) of this Instruction as screening criteria for reports.

(1) Is the alleged victim (AV) of maltreatment reported to be a vulnerable adult?

(2) Does the situation described appear to potentially fall into one of the categories of abandonment, abuse, financial neglect, neglect, self-neglect, exploitation, sexual abuse, sexual exploitation, or verbal abuse?

(3) Does the setting where the maltreatment is alleged to have occurred fall into the jurisdiction of the community APS program?

(4) Does the situation as reported appear to potentially require emergency intervention?

(5) The supervisor determines whether the situation presents a potential, immediate threat to the APS specialist or client. If the potential threat

exists, the supervisor or APS specialist contacts emergency personnel. Emergency personnel may precede or accompany the APS specialist to the home. APS specialists are not first responders and do not knowingly insert themselves into dangerous situations. APS specialists may receive referrals from emergency personnel or discover situations requiring emergency personnel at the initial home visit and may facilitate the provision of needed services as appropriate.

(6) The response time for APS reports that are not considered an emergency is three working days. APS situations are considered emergency response referrals when:

(A) abuse is occurring at the time of the referral;

(B) immediate medical attention is needed to treat conditions that could result in irreversible physical damage or death, such as unconsciousness, acute pain, severe respiratory distress, or suspected gangrene;

(C) there is threat of suicide of the AV;

(D) there is threat of homicide to the AV;

(E) there is reason to believe the AV or alleged perpetrator (AP) is exhibiting psychotic or bizarre behavior that places the AV in immediate danger;

(F) sexual or physical or the threat of such abuse is reported and the AP currently has access to the AV;

(G) the report indicates sexual abuse that occurred within the last 72 hours;

(H) the caretaker refers self for fear he or she may harm AV;

(I) there is reason to believe the AP may flee the investigation and move AV to an unknown location;

(J) the AV needs total care and has been left without a caretaker. Examples include: the caretaker is hospitalized, deceased, or abandons the AV;

- (K) the AV lacks basic physical necessities severe enough to result in freezing, serious heat stress, or starvation;**
- (L) there is neglect or self-neglect whether AV is without essentials for daily living or critically needed supervision, and AV's impaired judgment or physical condition places AV in immediate danger;**
- (M) there are visible injuries, bruising to vital areas, or other possible life threatening conditions;**
- (N) there is sudden deterioration in AV's condition, and AV may be in imminent danger;**
- (O) there is an environmental hazard or condition that places AV in immediate danger;**
- (P) there is punishment or confinement of AV, such as locking in a closet or tying to a bed; or**
- (Q) there are any other factors, such as repeated incidents or reports, that are believed to indicate imminent danger.**
- (b) If there is insufficient information in the report to immediately determine the AV meets the definition of vulnerable adult, the APS supervisor attempts to determine vulnerability.**
- (1) Information on the Oklahoma Department of Human Services (OKDHS) computer system may be viewed, and the supervisor or designee may contact the reporter for additional information, to assist in this determination. Supervisors must be familiar with the definition of vulnerable adult, and remember that it is not necessary to have a formal determination of disability to consider an adult vulnerable.**
- (2) Unless it is clear that the AV is not a vulnerable adult, the report may not be screened to Information and Referral (I & R) solely based on lack of vulnerability.**
- (c) The APS supervisor considers the definitions of the types of maltreatment. If the alleged situation fits at least one of the definitions, it is accepted for investigation. If the situation does not fit one of the definitions, the report is**

screened as I & R and the reporter, if known, is contacted to discuss other alternatives for handling the issue.

(d) If a report contains allegations of serious problems that could result in death or serious physical harm to the AV, the report is screened as requiring immediate action, and is immediately communicated to the assigned APS specialist. In case of these emergencies, APS staff are required to carry cell phones or active pagers at all times.

(e) If the setting is not in a jurisdiction APS investigates, as described in OAC 340:5-3-4, the reporter, if known, is contacted to advise the reporter of the name of the agency to which APS will forward the report.

2. APS specialists are familiar with the provisions of the Protection from Domestic Abuse Act, Section 60, the Domestic Abuse Reporting Act, Sections 40.5 through 40.7 of Title 22 and Section 150.12B of Title 74 of the Oklahoma Statutes.

(1) In cases where the AV does not meet the APS definition of vulnerable adult, the APS specialist refers the AV to the local court clerk or other appropriate service provider for assistance in obtaining legal advice, action, or both, and services.

(2) If the report includes an allegation of abuse or neglect of a person younger than 18 years of age, the APS specialist immediately makes a referral to Child Protective Services (CPS), and coordinates the investigation with the Children and Family Services Division (CFSD) worker.

3. (a) Additional screening criteria apply upon receipt of a report involving OKDHS employees or their immediate or extended family members. It is never appropriate for anyone to discuss the report with the involved employee outside of the investigative process. Notifying an employee of a pending investigation is a violation of the confidentiality provisions of Section 10-110 of Title 43A of the Oklahoma Statutes. In addition to the basic screening criteria, the APS supervisor determines:

(1) the relationship of the AV to the OKDHS employee;

(2) whether the employee is the AP; and

(3) the extent of the involvement of the employee with local APS specialists, including the supervisor.

(b) The APS supervisor and county director, in consultation with the area APS field liaison, determines whether the potential for conflict of interest or the appearance thereof may exist if the referral is assigned for investigation to local staff. The potential for conflict of interest must be determined for each referral by a thorough analysis of the relationships.

(1) This potential may be determined to exist if, through acquaintance with the employee, the APS specialist or supervisor could possibly be accused of favoring the employee's wishes or benefiting the employee in any way through the investigation.

(2) In some cases in which the employee is a family member but not an AP or actively involved in the care of the AV, there may be no question of conflict of interest and the referral may be investigated without being transferred.

(c) If the potential exists, the APS field liaison coordinates with the county director to assign the referral to a different supervisory group. If an out-of-area assignment of the referral is necessary, the area director or designee coordinates the action with the other involved area director or designee as well as county directors of the sending and receiving human services centers (HSCs). The Family Support Services Division (FSSD), APS Unit, may be consulted at any time in determining the appropriate disposition of a report involving an OKDHS employee. After a decision is reached regarding assignment of the referral, the involved county directors are notified, as well as the APS supervisor for the receiving HSC.

(1) Out-of-group assignment is appropriate when the local employee who is involved in the report is not well known to other APS staff in the area.

(2) Out-of-area assignment is appropriate when the local employee involved in the report is well known over a large portion of the area, and APS staff in the area could not investigate without the potential appearance of conflict of interest.

(d) If the allegation involves possible violations of the employee's professional position, a recommendation is made to refer the report to the Office of the Inspector General (OIG) of OKDHS on Form 19MP001E, Referral Form, or the

electronic equivalent. If the referral is accepted by OIG, local staff cooperate with OIG as requested. If OIG does not accept the referral, the area director or designee follows the procedure for assigning a complaint that involves an employee.

(e) In an emergency situation requiring an immediate response, the county of residence resolves the emergency and then follows the procedure to have the case reassigned out-of-county if necessary.

(f) The area director is notified immediately of substantiated referrals in which the employee is named as perpetrator, and is responsible for notifying FSSD, APS Unit, of any training issues that are identified as a result of the findings.

(g) Paper case records on APS investigations involving OKDHS employees are maintained in the locked executive files section of the local office. Electronic records are appropriately coded for confidentiality by the supervisor during the screening process in the APS Computer System restricting who has access to these records.

**340:5-5-5. Documentation of APS cases**

Issued 6-1-03

The Adult Protective Services (APS) specialist documents the referral, all interviews, record reviews, other evidence, and findings of all investigations in the APS case. ■ 1

**INSTRUCTIONS TO STAFF 340:5-5-5****Revised 2-1-08**

1. (a) Completed investigations are documented on Form 08AP002E, Adult Protective Services Report of Investigation, or its electronic equivalent. Form 08AP002E is completed within 30 calendar days after the receipt of the report in the human services center (HSC). The original is kept in the local case record and copies are routed to the local district attorney's office and area APS field liaisons.

(b) Form 08AP002E is intended as a summary of the investigation and is not used as a tool to complete the investigation. The full case documentation on the APS Computer System provides a detailed chronological account of the entire investigation process, including:

- (1) specific circumstances of the report;
- (2) date and time of the home visit;
- (3) persons present during the home visit;
- (4) condition of the client and the client's environment;
- (5) information from collateral contacts, including date and time;
- (6) APS specialist's evaluation of client's capacity to consent to services;
- (7) assessment of risk;
- (8) APS specialist's determination of whether the report is substantiated or unsubstantiated;
- (9) results of follow-up visits including date and time;

- (10) assessment of client's needs;
- (11) proposed service plan for substantiated investigations;
- (12) circumstances of client's acceptance or refusal of services offered;
- (13) information concerning the actual delivery of services; and
- (14) detailed descriptions of all legal actions and follow-up activities for clients receiving involuntary services.

**(c) Each new APS referral must be documented in the Intake Section of the APS Computer System.** If there is no existing APS case number for the client, a new case must be opened. For all APS referrals, the APS specialist must enter into the computer system the relevant information, including receipt of referral, case findings of substantiated or unsubstantiated, and services actually provided, including any legal actions initiated.

**(d) The APS specialist IV must successfully complete both APS Specialist Academy and APS Supervisor Academy to be able to provide adequate supervisory support for an APS specialist.**

**(e) APS cases require documentation of a supervisory review or staffing in the Notes Section of the APS Computer System at:**

- (1) intake;**
- (2) service planning;**
- (3) determination of the client's capacity to consent;**
- (4) reaching the substantiation decision;**
- (5) legal action determination;**
- (6) appropriate follow-up;** and
- (7) closure.**

**(f) At the conclusion of the investigation, Form 08AP002E is routed to the local district attorney. A summarized report is sent to any appropriate licensing**

agency. In substantiated investigations, the APS specialist works closely with the facility to develop a plan that addresses substantiated elements of the investigation.

(g) Information is submitted to the Nurse Aide Registry at the Oklahoma State Department of Health for all substantiated referrals against certified nurse aides. For substantiated referrals against licensed nurses, information is submitted to the Oklahoma State Board of Nursing, 405-962-1800, fax 405-962-1826.

(h) Form 08AP002E and any pertinent section of the APS Computer System are electronically mailed to Office of Client Advocacy (OCA). A hard copy of this material is sent in the mail on substantiated referrals involving personal care assistants who are not certified nurse aides and community service workers to OCA and to the Quality Assurance Section of Developmental Disabilities Services Division (DDSD).



**340:5-5-7. Termination of adult protective services**

Issued 6-1-03

Adult protective services are terminated when the situation that prompted the referral has been remedied and the client's circumstances are stable. Cases for Adult Protective Services (APS) clients for whom the Oklahoma Department of Human Services has a current guardianship or remand are terminated only when the court case is terminated. These cases remain active and follow-up activities are documented as required by OAC 340:5-1-3(11) as long as the court order is in effect. ■ 1

**INSTRUCTIONS TO STAFF 340:5-5-7****Revised 2-1-08**

1. If preventive or supportive intervention continues to be necessary, these services are documented in the Service Plan Section of the Adult Protective Services (APS) computer system. If another report is received and assigned for the individual, a new investigation is initiated and documented in the APS Computer System.