EFFECTIVE

April 1, 2016.

Subject(s)

1. Change DHS to MDHHS (ASM 205, ASM 207, ASM 210, ASM 215, ASM 230).
2. Update adult services policy email address (ASM 205, ASM 215).
3. Remove parenthesis from phone numbers (ASM 205, ASM 210).
4. Change local office staff/workers to APS staff/workers (ASM 210, ASM 215).
5. Change Mental Health/MH to Behavioral Health and Developmental Disability/BHDD (ASM 210, ASM 215).
6. Change Bureau of Children and Adult Licensing/BCAL to Bureau of Community and Health Systems/BCHS (ASM 210, ASM 215, ASM 230).
7. Adult services training requirements (ASM 001).
8. Mandatory reporters to APS (ASM 205).
9. Mandatory reporters to other departments (ASM 205).
10. Referrals (ASM 205).
11. After business hours/on-call (ASM 205).
12. Confidentiality (ASM 205).
13. Social media (ASM 205).
14. Intake/registration (ASM 205).
15. Multiple referrals for one individual (ASM 205).
16. Complaint assessment/assignment (ASM 205).
17. Notification to complainant (ASM 205).
18. Investigation process (ASM 205).

19. Standard of promptness (ASM 205).
20. Photographs (ASM 205).
21. Risk assessment (ASM 205).
22. Provision of protective services (ASM 205).
23. Social intervention process (ASM 205).
24. Standards for ongoing cases (ASM 205).
25. Case documentation (ASM 205).
26. Documentation standards of promptness (ASM 205).
27. Service plan (ASM 205).
    - DHS 324-C, APS service plan.
    - Updated service plan.
28. Standards for case closure (ASM 205).
29. Termination of protective goal (ASM 205).
30. Legal packet (ASM 205).
31. Forms/documentation (ASM 205).
32. Case reading (ASM 205).
33. Adult protective services case reading report, DHS-4479 (ASM 205).
34. Case transfer out of county (ASM 205).
35. CI management of APS referrals (ASM 207).
36. Referral assignment and denial (ASM 207).
37. Referrals with special circumstances (ASM 207).
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45. LARA Bureau of Community and Health Systems (BCHS) (ASM 210).
46. Contracted community mental health AFC homes (ASM 210).
47. Coordination with law enforcement agencies (ASM 210).
48. Power of attorney (ASM 215).
49. Legal intervention process (ASM 215).
50. Civil admission (ASM 215).
51. Review of guardianship and conservatorship (ASM 215).
52. Reasons for reporting (ASM 230).
53. DHS-4712, adult services death report form (ASM 230).

1) Update DHS to MDHHS

ASM 205, ASM 207, ASM 210, ASM 215 and ASM 230

All references to DHS have been changed to MDHHS.

Reason: Due to merger of the Department of Human Services and the Department of Community Health to The Michigan Department of Health and Human Services.

2) Update Adult Services policy email address

ASM 205 and ASM 215

Adult services policy email address change to MDHHS-Adult-Services-Policy@michigan.gov.

Reason: Email address change related to merger of DHS and DCH to MDHHS.

3) Remove parenthesis from phone numbers

ASM 205 and ASM 210

Removed the parenthesis from all phone numbers.

Reason: Compliance with American with Disability Act standards.

4) Change local office staff/workers to APS staff/workers

ASM 210, ASM 215

References to local office staff/workers have been changed to APS staff/workers.

Reason: Consistency in how staff/workers are referenced.

5) Change Mental Health/MH to Behavioral Health and Developmental Disability/BHDD

ASM 210 and ASM 215

References to Mental Health/MH have been changed to Behavioral Health and Developmental Disability/BHDD.

Reason: Change in bureau name.

6) Change Bureau of Children and Adult Licensing/BCAL to Bureau of Community and Health Systems/BCHS

ASM 205, ASM 215 and ASM 230

References to Bureau of Children and Adult Licensing (BCAL) have been changed to Bureau of Community and Health Systems (BCHS).

Reason: Change in bureau name.

7) Adult Services Training Requirements

ASM 001

Manual item added outlining training requirements for adult services workers and supervisors.

Reason: Requirements for ongoing training.

8) Mandatory Reporters to APS

ASM 205

Removed language after physicians: "are also required to report".

Reason: Unnecessary language.

9) Mandatory Reporters to Other Departments

ASM 205

Centralized intake forwards referrals to LARA.

Reason: Change in process.

10) Referrals

ASM 205

Centralized intake managers reviews all APS referrals for assignment/denial decision.

Reason: Change in process.

11) After business hours/on-call

ASM 205

Adult services staff who have taken APS core training, may provide on-call coverage for weekend and holidays. On-call coverage begins at 5:00 p.m. on the first day of coverage and ends at 8:00 a.m. the next business day.

Reason: Policy clarification.

12) Confidentiality

ASM 205

To protect referral source identity, the worker should not read the referral allegations word-for-word to persons outside of the department.

Requests for reports from the Attorney General Medicaid Fraud Unit may no longer have referral source information.

Reason: Policy clarification and change.

13) Social media

ASM 205

Staff should comply with confidentiality laws and policy regarding use of social media as outlined in SRM 131.

Reason: Policy addition.

14) Intake/registration

ASM 205

APS complaint coordinators must review all assignment/denial decisions made by Centralized Intake. The reconsideration process must be followed if the APS complaint coordinator does not agree with CI's assignment decision.

Reason: Policy clarification.

15) Multiple referrals for one individual

ASM 205

Centralized Intake supervisors make APS referral assignment/denial decisions. Centralized Intake sends referral denial letters. Local office complaint coordinators send APS referral assignment letters. APS worker and supervisors must ensure case documentation is entered within 10 calendar days to reduce number of referrals assigned when allegations are already investigated.

Reason: Policy change.

16) Complaint assessment/assignment

ASM 205

Centralized Intake supervisors review all APS referrals for assignment decisions. Added statutory definition of vulnerable. APS referrals can be denied if CI can determine that the reported concerns are resolved and the individual is no longer at risk of harm.

Reason: Policy change.

17) Notification to complainant

ASM 205

Centralized Intake supervisors mail APS referral denial letters to complainants. Local office APS complaint coordinators mail APS referral acknowledgement letters to complainants after the case is assigned to an APS worker.

Reason: Policy change.

18)Investigation process

ASM 205

The APS worker must commence an APS investigation, as soon as possible, if CI determines there is risk of imminent danger to an APS client. The CI supervisor will contact the local office complaint coordinator or on-call staff when they determine there is risk of imminent danger to an APS client.

Reason: Policy change.

19) Standard of promptness

ASM 205

ASCAP has new contact types for unsuccessful contacts with APS clients. APS workers must make all attempts possible to complete initial face-to-face contacts with APS clients. The APS worker must interview the alleged perpetrator(s) in APS cases unless certain circumstances exist.

Reason: Policy change.

20) Photographs

ASM 205

Direction regarding consent and taking of photographs of APS clients, homes, etc. under specified circumstances. APS staff must document the consent and/or retraction of consent to take photographs in ASCAP.

Reason: Policy clarification.

21) Risk Assessment

ASM 205

The risk assessment serves as a guideline for service plan development. The risk assessment should not be completed until after the initial face-to-face contact with the APS client. Risk assessments that score moderate or high at closing require supervisory approval.

Reason: Policy clarification.

22) Provision of protective services

ASM 205

Provision of protective services offered to vulnerable persons who are at *risk* of harm.

CI and adult services staff must report, to a law enforcement agency, any criminal activity it believes to be occurring.

Reason: Policy clarification.

23) Social intervention process

ASM 205

APS worker to respond to client needs upon first contact *with the client*. APS worker is to inform other responsible agents and involved parties of actions and findings they have a right or need to know to *perform* their duties.

Reason: Policy clarification.

24) Standards for ongoing cases

ASM 205

APS workers must conduct one face-to-face contact with the client every 30 calendar days on all open APS cases.

Reason: Policy change.

All alleged harm must be clearly documented in ASCAP.

Reason: Policy clarification.

25) Case documentation

ASM 205

Service plans and updated service plans are required on all substantied cases and unsubstantiated cases where services are being provided or offered or the case remains open longer than 30 days.

Handwritten notes must be accurately transcribed into the ASCAP system. Once transcribed, handwritten notes need not be retained.

Reason: Policy clarification.

26) Documentation standards of promptness

ASM 205

All case activity must be documented in ASCAP within ten calendar (10) days of occurrence.

Reason: Policy change.

27) Service Plan

ASM 205

The APS worker must complete an initial service plan within 30 calendar days on substantiated cases, unsubstantiated cases where services are being provided or offered and/or all cases open longer than 30 days.

APS must respect, to the extent possible, the client's choice regarding who they wish to be involved in case planning.

The service plan must include what steps will be taken and who will take those steps.

APS must document the client or their legal representative's consent or refusal of services.

The DHS 324-C, APS Service Plan, is utilized only if the investigation requires the development of a service plan.

The service plan/updated service plan is to be reviewed for progress or changes following each 30 day face-to-face contact.

Reason: Policy clarification.

28) Standards for case closure

ASM 205

An APS case may close if the referral is not substantiated, needs are identified, but the adult refuses to cooperate and is fully aware of the consequences of the situation.

Reason: Policy clarification.

Supervisory approval is required to close any APS case where the risk assessment is scored at moderate or high at the time the case is ready to close.

The APS case may close after the APS supervisor has completed the APS case reading report.

Reason: Policy change.

29) Termination of protective goal

ASM 205

The APS worker must inform the client or their legal representative when closing the case and document how the client or legal representative was informed.

Reason: Policy clarification.

30) Legal packet

ASM 205

Any available court documents must be included in the case packet.

Reason: Policy clarification.

31) Forms/Documentation

ASM 205

The APS case must include a copy of the DHS 324-C, APS service plan if required. Other forms, if utilized must be in the case packet when utilized, including the DHS-686, adult services legal representation request.

Reason: Policy clarification.

32) Case reading

Section renamed to Case monitoring.

The APS supervisor must monitor new APS cases monthly, targeting standards of promptness (SOP) for 24 hour collateral, 72

hour face-to-face and 30 day service plan using the AS-010 report (APS Standard of Promptness) and AS-020 report (APS 30 day ongoing SOP) which are available monthly on ASCAP.

Reason: Process change.

33) Adult protective services case reading report, DHS-4479

ASM 205

APS cases must have a full case reading completed by the APS supervisor, prior to case closure utilizing the DHS-4479, APS case reading report. The DHS-4479 is utilized to determine if the case is complete/ready to close or if further actions are needed by the APS worker prior. If further actions are required, the form is returned to the APS worker indicating what must be completed and when. The form is maintained in the APS case file at closure.

Reason: Policy change.

34) Case transfer out of county

ASM 205

APS cases that are not substantiated and have no pending services must close and not be transferred.

APS cases that are substantiated and need further action are to be transferred and reassigned in the new county.

APS cases with ongoing investigation, and substantiated status has not been determined are to be transferred out and reassigned to in the new county.

Reason: Policy clarification.

35) CI management of APS referrals

ASM 207

Walk-in referrals to the local office should be encouraged to call Centralized Intake. If they refuse, all attempts must be made to locate and APS worker or supervisor. The referral information must

be taken and called into CI immediately for input into ASCAP and assignment decision.

Reason: Policy clarification.

36) Referral assignment and denial

ASM 207

All APS referral assignment decisions are made by CI supervisors. This section outlines the CI supervisory review process for reviewing APS referrals including:

- Documentation of assignment/denial decision.
- Denial letters.
- Referrals to other agencies.
- Transfer to local office.

Reason: Policy clarification.

37) Referrals with special circumstances

ASM 207

CI supervisors will contact the APS supervisor or on-call staff to ensure they received any cases assigned where imminent danger is indicated to ensure attention is taken as soon as possible.

CI may contact APS workers on new referrals, where there is an active APS case, to seek additional information.

This outlines CI processes in situations where new referral allegations are being addressed under an active case APS case (referral will be denied) and where new referral allegations are not being addressed under an active APS case (referral will be assigned if meets assignment criteria).

Reason: Policy clarification.

38) Transferring referrals to county office

ASM 207

CI transfers APS referrals assigned for investigation to the county APS complaint coordinator as open and ASCAP generates an email to the APS complaint coordinator.

CI intake specialists attempt to submit complaints to CI supervisors within one hour when imminent danger is indicated and within three hours when imminent danger is not indicated.

CI supervisors will complete the assignment/denial screening process and transfer all referrals to the local offices as quickly as possible.

The local office maintains responsibility to send the referral acknowledgement letter to the referral source on all referrals assigned for investigation.

Reason: Policy clarification.

39) Local office contacts/SharePoint

ASM 207

Manager changed to supervisor.

SharePoint must include a separate listing of all CPS staff taking on-call shifts and their contact information.

The local office must maintain a folder with the names and contact numbers for all APS supervisors and workers.

Reason: Policy clarification.

40) After hours/weekend referrals

ASM 207

APS on-call staff provide investigation and intervention weekends and holidays. CPS on-call staff provide after hours coverage Monday-Thursday.

CI will contact the designated on-call staff for all APS referrals assigned for investigation after hours, holidays and weekends.

Reason: Policy clarification.

APS staff provide on-call coverage after hours and weekends. Adult services staff who have received APS core training may provide APS on-call coverage on weekends and holidays.

Reason: Policy change.

41) Walk-in referrals

ASM 207

Walk-in referral section has been moved to APS Referral Intake section of ASM 207.

Reason: Moved to more appropriate section of ASM 207.

42) Referral decision reconsiderations by local offices

ASM 207

APS complaint coordinators may request a reconsideration of the assignment or denial of an APS referral based on:

- Technical error.
- Ongoing case with additional information in the case record that was not known to CI at the time of assignment.
- Believe a rejected complaint meets criteria for assignment.
- Believe an assigned complaint does not meet criteria for assignment.

The process for requesting a reconsideration includes the following:

- The APS complaint coordinator emails assigning CI supervisor, CI 2nd line managers and CI director detailing the reasons they disagree with CI's decision.
- The CI director has final decision on all reconsiderations and may confer with program office if needed.
- When a change in disposition is made by CI, CI documents the review and summarize the reasons in the ASCAP general narrative.
- CI will document any change in disposition in ASCAP contacts.

Reason: Process change.

43) Department of Community Health/Mental Health operated facilities

ASM 210

Referral source (RS) information may be shared with Office of Recipient Rights (ORR) officers in MDHHS/BHDD operated facilities as they are MDHHS employees.

ORR officers must protect the identity of the RS pursuant to MCL 400.11c (1) (2) and MDHHS APS policy.

Reason: Policy change.

44) MDHHS Referrals to Licensing and Regulatory Affairs

ASM 210

Outlines processes for MDHHS CI supervisors and local APS staff when making referrals to LARA.

Updated LARA address.

Reason: Process change.

45) LARA Bureau of Community and Health Systems (BCHS)

ASM 210

Renamed section from DHS Bureau of Children and Adult Licensing (BCAL).

APS may not share RS information with BCHS licensing consultants as they are not MDHHS employees.

Updated BCHS address.

CI and local office staff must redact all RS identifying information from all APS referrals forwarded to BCHS.

Reason: Policy change.

46) Contracted community mental health AFC homes

ASM 210

RS information **cannot** be provided to ORR officers and advisors who work under community mental health service providers (CMHSP) as they **are not** MDHHS employees.

Reason: Policy change.

47) Coordination with law enforcement agencies

ASM 210

APS workers must involve law enforcement agencies immediately in referrals involving actual criminal activity or any criminal activity it believes to be occurring.

Reason: Policy clarification.

48) Power of attorney

Removed language regarding sale of real estate from policy. Changed language reguarding APS worker advising clients to seek legal advice.

Reason: Policy clarification.

49) Legal intervention process

ASM 215

Removed section allowing APS workers to accept Probate Court appointments as guardian ad litem or visitor.

Reason: Policy change.

50) Civil Admission

ASM 215

Language changed from mental retardation to intellectual disability.

Reason: Change in statutory language per Mental Health Code Chapters 4 and 5.

51) Review of guardianship and conservatorship

ASM 215

Removed requirement for local office to provide an annual report to the Probate Court on open cases where the local office was the petitioner.

Reason: Policy change.

52) Reasons for reporting

ASM 230

Grammatical changes.

Reason: Policy clarification.

53) DHS-4712, Adult Services death Report form

ASM 230

Deaths that are suspicious, have media involvement, criminal investigation or criminal court proceedings have additional distribution requirements.

Reason: Policy clarification.

COMMUNICATION PLAN

All policy changes and clarifications have been and/or will be communicated to the local offices through Field Operations Administration memo(s) and APS core training.

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

ASM 001

Changed Items ...

ASM 205
ASM 207
ASM 210
ASM 215
ASM 230