

EFFECTIVE

September 1, 2019.

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1. Change MDHS to MDHHS.
2. Update manual from ASCAP to MiAIMS.
3. Program goal.
4. Created ASM 203, Freedom of Information Act (FOIA)/court orders and subpoenas.
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1) MDHHS**ASM 200, ASM 205, ASM 258**

All references to Michigan Department of Human Services (MDHS) have been updated to Michigan Department of Health and Human Services (MDHHS).

Reason: Change in Department name.

2) MIAIMS**ASM 207, ASM 210**

All references to the Adult Services Comprehensive Assessment Program (ASCAP) have been updated to the Michigan Adult Integrated Management System (MiAIMS).

Reason: Change in computer system.

3) PROGRAM GOAL**ASM 200**

Begin, within 24 hours, to investigate and assess situations referred to the Michigan Department of Health and Human Services (MDHHS) where a vulnerable adult is suspected of being or is believed to be abused, neglected, or exploited.

Assure, to the extent possible, that adults in need of protection are living in a safe and stable situation, including legal intervention, where required, in the least intrusive and restrictive manner.

Reason: Grammatical changes for policy clarification and clarification of APS responsibilities.

**4) FREEDOM OF
INFORMATION ACT
(FOIA)/COURT
ORDERS AND
SUBPOENAS****ASM 203**

The Michigan Department of Health and Human Services (MDHHS) is a public body, required by law, to provide public records to persons requesting public records unless those records are exempt from public disclosure by the Freedom of Information Act (FOIA) or another statute.

This policy is intended to ensure uniformity in the release of Adult Protective Services (APS) records and other public records that may be contained within APS records.

Freedom of Information Act (FOIA)

The entire department record, except for the identity of the referral source (RS), may be subject to disclosure under FOIA. However, FOIA provides that the department may exempt information of a personal nature from disclosure where the public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy.

FOIA Requests

Since other information may also be confidential in addition to the above, all written FOIA requests received by the local office must be submitted immediately to the MDHHS, Legal Affairs Administration, Legal Compliance Section, by emailing MDHHS-FOIA@michigan.gov.

If an individual or entity is requesting information through FOIA, but has not submitted a formal request, direct them to the GovQA web portal. GovQA allows the requester to establish an account, submit a FOIA request and track the progress of their request. Requesters should be directed to the MDHHS Public Records Center for information and instructions.

Individuals Who Do Not Require a FOIA Request

There are individuals and entities that may receive APS case information without submitting a FOIA request. There are, however, restrictions that may apply to the information they have access to.

Redacted Reports

The following individuals may receive a redacted copy of an APS investigation report without submitting a FOIA request:

APS client and/or their legal representative.

County medical examiner.

Department of Attorney General.

Law enforcement officers investigating alleged criminal activity (this applies to reports specifically regarding their investigation).

Licensing and Regulatory Affairs (LARA) licensing staff involved with investigations in licensed homes for the aged.

Department of Attorney General, Medicaid Fraud Control Unit.

Local prosecuting attorney.

Michigan Protection and Advocacy Services.

Recipient Rights officers and rights advisors who work under local, community mental health service providers (CMHSP's).

Information that must be redacted includes the RS and any information that may identify the RS, social security numbers, and dates of birth.

After redactions are completed, the local MDHHS office must submit the APS investigation report and supporting documents to the Supportive Adult Services Section through the policy mailbox MDHHS-Adult-Services-Policy@michigan.gov for review. This must be done before giving the report to those listed above.

Unredacted Reports

The following individuals may receive an unredacted copy (reports include referral source information) of an APS investigation report without submitting a FOIA request:

LARA licensing staff involved with investigations in nursing homes and licensed adult foster care homes.

Recipient Rights officers for MDHHS/Behavioral Health and Developmental Disability operated facilities; see ASM 258, for a list of these facilities.

Any questions regarding FOIA and/or those who may receive information without submitting a FOIA request, should be submitted to the Supportive Adult Services Section policy mailbox with the subject line Redaction Guidance. The policy mailbox address is MDHHS-Adult-Services-Policy@michigan.gov.

Court orders and subpoenas

All court orders and subpoenas must be responded to promptly. Judge signed subpoenas must be treated as court orders.

As soon as a MDHHS employee receives a court order or subpoena, they must notify their immediate supervisor and the

court order/subpoena must then be forwarded to the MDHHS Legal Affairs Administration for guidance.

Notification to Legal Affairs is completed by scanning the court order or subpoena and any supporting documentation and emailing the document(s) to MDHHS-Subpoena@michigan.gov.

Reason: Created manual item specific for FOIA, court order and subpoena processes. Changes to contact information for FOIA requests, court orders and subpoenas and changes to how individuals make FOIA requests. Expanded information regarding who may receive APS reports and what information they have access to.

Reason: Created new manual item specific to FOIA and subpoena.

5) OVERVIEW

ASM 205

The adult protective services (APS) program requirements and procedures are outlined in this manual item.

Reason: Included overview section in manual item.

6) MANDATORY REPORTERS

ASM 205

A referral from any source must be documented and reviewed to determine if it meets requirements for investigation. Certain persons, however, are required by 1982 P.A. 519 to make an oral report regarding suspected abuse, neglect or exploitation of adults to the Michigan Department of Health and Human Services (MDHHS), Centralized Intake for Abuse and Neglect (CI) toll-free hotline at 855-444-3911. Those required persons are:

Individuals employed, licensed, registered, certified to provide or an employee of an agency licensed to provide:

Note: Attorneys, members of the clergy and long-term care ombudsmen **are not** mandatory reporters to APS.

Certain individuals are required to report to the Department of Licensing and Regulatory Affairs (LARA) when there are allegations of abuse, neglect or exploitation of vulnerable adults residing in facilities licensed by LARA ([see ASM 210](#) for a list of these

facilities). As provided in the Public Health Code, P.A. 368 of 1978 (MCL 333.21771), those individuals are:

- Nursing home employee, nursing home administrator, nursing director.
- Physician or other licensed health care personnel of a health care facility to which a patient is transferred.

These individuals are not required to also make a report to adult protective services.

Exception: If the alleged perpetrator is not an employee of the facility, a report to adult protective services is required in addition to a report to LARA.

Reason: Clarification of who is not a mandatory reporter to APS and those individuals who must report to other departments.

7) REFERRALS

ASM 205

All referrals, requests and complaints that allege an adult is vulnerable and is being or is at risk of being abused, neglected or exploited must be documented accurately on the Michigan Adult Integrated Management System (MiAIMS) by CI. A CI manager then reviews each referral for assignment decision. See ASM 207 for CI processes.

Reason: Removed the CI toll-free number as located in prior area of policy. Grammatical changes.

8) AFTER BUSINESS HOURS/ON-CALL

ASM 205

Local office on-call staff must promptly address all APS referrals received after business hours that meet criteria for investigation.

Note: Adult services staff, who have received APS training, provide on-call coverage for state holidays and weekends. CPS staff continue on-call coverage Monday through Thursday (excluding state holidays that fall on a Monday-Thursday). On-call coverage begins at 5:00 p.m. and ends at 8:00 a.m. the next business day.

After Hour Emergencies in LARA Licensed Facilities/Nursing Homes

MDHHS on-call staff must provide assistance with LARA licensed facilities for emergency and life threatening situations that occur after business hours. MDHHS staff must provide services to resolve the immediate emergency and inform LARA of the referral the next working day.

If a licensed nursing home requires immediate evacuation due to a natural disaster, such as a flood or fire, MDHHS is responsible to ensure the safe relocation of each resident as provided in the Public Health Code, P.A. 368 of 1978 (MCL 333.21786).

Reason: Clarification that Adult Services staff who have had APS training may provide on-call coverage, that MDHHS staff must provide assistance with LARA licensed facilities for after-hours emergencies and the legal citation for that assistance.

9) REQUIRED INFORMATION**ASM 205**

The identity and the address of the next of kin or guardian.

CI utilizes a standard intake format to gather as much information as possible, such as dates, names, addresses and phone numbers of involved or knowledgeable persons. Special effort is made to gather information which can be used to determine if the adult is vulnerable and in need of protective services.

Reason: Grammatical changes for policy clarification, updated that CI utilizes standard intake format when documenting APS referrals in MiAIMS.

10) CONFIDENTIALITY**ASM 205*****Substance Abuse Treatment Agencies***

The identity of the referral source (RS) must be held confidential unless MDHHS is given written permission by the RS or is ordered by a court to release the RS identity.

- Prior to involving these adults with the prosecuting attorney or in judicial proceedings contact either area below for additional guidance:

MDHHS

Aging and Adult Services
Supportive Adult Services
Section

MDHHS-Adult-Services-
Policy@michigan.gov

MDHHS

Behavioral Health and
Developmental Disabilities
Administration

Office of Recovery Oriented
Systems of Care
517-373-4700

Social Media

MDHHS employees should comply with all confidentiality laws and policy. When using social media sites; see SRM 131, Confidentiality and Administrative Policy Manual Communications (APC) 110, Social Media Policy, for additional guidance.

Reason: Grammatical changes for policy clarification, removed FOIA information to newly created ASM 203, and clarification of who to contact for guidance when working with adults who have been referred by substance abuse treatment agencies.

11) INTAKE REGISTRATION

ASM 205

The APS complaint coordinator will review cases assigned by CI through a MiAIMS command button labeled *Assignments from CI*.

The APS complaint coordinator will review cases denied by CI through a MiAIMS command button labeled *CI Dispositions*.

The APS complaint coordinator must follow the reconsideration process for any assigned or denied decisions they disagree with. The reconsideration process can be found in [ASM 207, Centralized Intake for Reports of Abuse and Neglect](#).

Reason: Withdrawn is no longer utilized as an APS case disposition status. Grammatical changes and corrections.

**12) MULTIPLE
REFERRALS****ASM 205**

The CI manager must print and send an APS referral denial letter to the RS.

The complaint coordinator must send an APS referral acknowledgement letter to the RS.

The APS worker and supervisor must ensure that MiAIMS documentation is updated within 5 business days, and that all allegations which are being addressed are included in the case documentation, including the investigation module/investigation details tab of MiAIMS and/or case contacts.

Reasons for assignment may include that the client's circumstances may have changed and/or a previous intervention did not alleviate the client's needs on a long-term basis.

Reason: Grammatical changes for policy clarification and change in time frame for case documentation to be completed in MiAIMS from 10 calendar days to 5 business days.

**13) COMPLAINT
ASSESSMENT/ASSI
GNMENT****ASM 205**

Document the information used to make CI's referral decision in MiAIMS. CI must still determine if the referral is required to be forwarded to another investigative or regulatory authority.

If harm/risk of harm and vulnerability exist, the CI manager must assign the referral to the local office APS complaint coordinator as quickly as possible.

Reason: Grammatical changes for policy clarification.

**14) NOTIFICATION
TO COMPLAINANT****ASM 205**

The APS referral acknowledgement letter and APS referral denial letter are generated on MiAIMS and MiAIMS will auto-populate a contact into the case record when printed.

The APS referral denial letter must be printed and mailed to the RS by CI. The letter includes contact information for the local office.

The local office APS complaint coordinator or supervisor must print and mail the APS referral acknowledgement letter for all APS referrals assigned by CI for investigation. The letter must include the name and contact information of the assigned APS worker.

Reason: MiAIMS auto-populates a contact when referral acknowledgement and referral denial letters are printed from MiAIMS. Grammatical corrections.

15) INVESTIGATION PROCESS

ASM 205

The worker must commence an investigation of all assigned referrals within 24 hours of the time the complaint was received by CI.

Reason: Grammatical changes for policy clarification.

16) STANDARD OF PROMPTNESS

ASM 205

Note: Contact with the **referral source** does not meet the 24-hour initial contact required for the commencement of an investigation.

The purpose of the 24-hour contact is to determine the client's need for protective services and their degree of risk.

Reason: Grammatical changes for policy clarification.

17) INVESTIGATION

ASM 205

Statutory Requirements

The worker must determine if the adult is or was abused, neglected or exploited.

Pursuant to the Social Welfare Act the investigation/assessment must include:

- An in-person interview with the adult.

- A determination of the nature, extent and cause of the abuse, neglect, or exploitation.
- Examination of evidence.
- Identification, if possible, of the person(s) responsible for the abuse, neglect, or exploitation.
- The names and conditions of other adults in the place of residence.
- An evaluation of the person(s) responsible for the care of the adult, if appropriate.
- The environment of the residence.
- The relationship of the adult to the person responsible for the adult's care.
- An evaluation as to whether or not the adult would consent to receiving protective services.
- Other pertinent data.

Non-statutory Investigation Requirements

In addition to the statutory requirements listed above, the investigation must include the following:

- The adult's capacity for self-care and management of personal and financial affairs.
- The adult's willingness and capacity to use available resources and services.
- Extent to which natural helping network (friends, relatives, neighbors) is available, capable and willing to provide protection and/or services.
- Extent to which needed community resources, for example, social, medical, financial, legal, psychiatric, etc. are available, capable and willing to provide services.
- Feasibility of developing resources required to meet protective goal.

Reason: Clarification of statutory and non-statutory requirements for APS investigations.

18) PHOTOGRAPHS

ASM 205

- If the client consents to photographs but resides in the home of another who is not present to give consent, the AS worker *may only take photographs of the client and common areas of the household.*

Reason: Grammatical changes for policy clarification.

19) RISK ASSESSMENT

ASM 205

INS - Insufficient: APS is not able to assess/evaluate.

Reason: Correction of spelling error.

20) PROVISION OF PROTECTIVE SERVICES

AMS 205

Note: The worker must offer services to clients in unsubstantiated cases when a need is determined and provision of the offered services will reduce the risk of the need for future APS intervention.

Reason: Removed unnecessary information. Addition of hyperlink to manual item.

21) SOCIAL INTERVENTION PROCESS

ASM 205

- Explore and make maximum use of resources within the individual's natural helping network (for example, family, friends, neighbors, relatives, clergy), and the community, (utility companies, bankers, landlords, service agencies, providers and licensing personnel).
- Incorporate in the Plan of Care, appropriate roles for involved persons or agents for the purpose of providing protection.

Reason: Addition of family as example of helping network, change in name of service plan to Plan of Care.

22) STANDARDS FOR ON-GOING CASES

ASM 205

Services initiated must be provided and documented in MiAIMS including how provision of services was verified. The provision of services paid for utilizing APS funds must be verified, in person, and documented in MiAIMS.

Reason: Grammatical changes for policy clarification.

23) CASE DOCUMENTATION

ASM 205

- Plan of care (substantiated cases, unsubstantiated cases where services are being provided, or unsubstantiated cases that are not closed prior to day 30).

Handwritten or typed notes, taken by the AS worker, must be accurately transcribed into MiAIMS within 5 business days. Once transcribed, handwritten notes need not be retained.

Documentation of all case activity, including any related narrative and MiAIMS updates, *must be* completed in MiAIMS within 5 business days.

Reason: Clarification of policy requirements for completion of a plan of care and change in policy for documentation to be completed within 5 business days.

24) PLAN OF CARE

ASM 205

- All cases that are open for 30 days or longer, regardless of substantiation status (for example: the POC should indicate the goals and action steps the APS worker will take to complete the investigation).
- Include any services/resources offered to the client from the investigation module/investigation details tab in MiAIMS (these will auto-populate to the POC).

- Must include the date and worker's signature.

Exception: Services may be provided to a client, prior to consent being given, in limited circumstances and on a case by case basis. The Business Service Center Director or their designee will determine if services will be allowed prior to client consent. **Any of the following must be met for approval:**

- Client's safety is a risk.
- Client's capacity is a risk.
- Services provided will mitigate risk.
- There is a pending petition for guardianship.

If the APS worker believes the client is unable to understand a POC due to cognitive or other limitations, **a signature from the client must not be requested**. This must be documented in MiAIMS under investigative details module, *consent/willingness* tab.

Reason: Grammatical corrections and changes for policy clarification and processes, including when a plan of care is required. Exception for when a POC does not require a signature prior to provision of services.

25) STANDARDS FOR CLOSURE

ASM 205

There is no time frame in which an APS case must close, however, services may be terminated, and the case closed when:

- An investigation/assessment has been completed and the worker has determined:
 - The referral is unsubstantiated with no identified needs, or the investigation is the responsibility of another agency.
 - The referral is unsubstantiated, needs have been identified, a plan of care has been completed **but** the adult refuses services and is aware of the risks and consequences of their situation.
 - The referral is unsubstantiated, needs have been identified, a plan of care has been completed **and** any available services referred have been verified as having been provided.

- The referral has been substantiated, a plan of care has been completed, **but** the adult refuses services and is aware of the risks and consequences of their situation.
- The referral is substantiated, a plan of care has been completed and any available services referred have been verified as having been provided.
- Coordination/assistance is no longer required with another investigative authority (for example: law enforcement, LARA, office of recipient rights, etc.).
- There is no ongoing or pending probate court activity.
- Supervisory approval has been obtained for cases showing moderate or high risk in the risk assessment at the time the case is ready to close.
- The APS supervisor has completed an APS case read in MiAIMS when required.

Note: If the APS client dies, the case may be closed after the DHS-4712, Adult Services Death report, has been completed and any required supervisory approvals and/or case reads have been completed.

Reason: Grammatical changes for policy clarification and reorganization of information for improved process flow.

26) CLOSING SUMMARY

ASM 205

A closing summary must be completed for all APS investigations. Closing summaries are documented in MiAIMS and must include a short, written summary of the investigation including any actions taken since the last client contact and the reason for closure.

Reason: Clarification what is required in the closing summary.

27) LEGAL PACKET

ASM 205

Each case record where guardianship/conservatorship is established, and MDHHS was the petitioner, must have a separate legal packet, which will include:

- Copy of petitions filed.
- Copy of court orders resulting from filed petitions.
- Any other available court documents, legal documents or correspondence affecting the individual's legal rights.

Note: Any other court or legal documents provided to APS (for example: circuit or district court documents, probate court records where MDHHS was not the petitioner, or police reports) may also be included in the legal packet.

Reason: Clarification of documentation that is required in the legal packet of the local office case file.

28) FORMS/DOCUMENT ATION

ASM 205

- DHS-5533, APS Closing summary record, with ASW signature.
- Any written correspondence related to the APS case (this does not include MiAIMS generated letters, for example, the APS Acknowledgment letter).
- Any invoice(s) specifying services provided.
- All billings related to services paid utilizing MDHHS funds (DHS-93 payments and APS funds).

Reason: Grammatical changes for policy clarification and worker signature requirements on closing summary.

29) CASE MONITORING

ASM 205

APS supervisors will conduct all case reads utilizing the case reading tool in MiAIMS. The Field Operations Administration (FOA) is responsible for the development of APS case reading procedures which are outlined in FOA memo 2019-03.

Reason: Updated to include link to current FOA memo addressing case read monitoring procedures.

30) OVERVIEW

ASM 207

Reworded section title to overview.

Reason: Grammatical change.

31) APS REFERRAL INTAKE

ASM 207

CI receives Adult Protective Services (APS) referrals through the toll-free number. An intake specialist gathers information needed to determine if the referral meets criteria for an APS investigation.

Documenting Referrals

Referral information is documented in the Michigan Adult Integrated Management System (MIAIMS). The intake specialist gathers all information from the referral source (RS) and then forwards the referral to the CI supervisor.

Reason: Grammatical changes for policy clarification.

32) REFERRAL ASSIGNMENT AND DENIAL

ASM 207

All APS referral decisions (assignment for investigation or denied) are completed by CI supervisors.

CI Supervisor Review Process

The CI supervisor reviews all APS referrals and determines if the referral is assigned for investigation or denied. MiAIMS utilizes a structured decision-making process to assist the CI supervisor with the assignment decision.

After review of each referral, the CI supervisor will take the following steps:

1. Referral **does not** meet criteria for APS investigation:
 - Documents any contacts completed or attempted, to assist in the decision-making process, in MiAIMS.

- Prints APS denial letter from MiAIMS and mails to (RS).
 - MiAIMS will auto generate a contact for all APS denial letters when printed.
 - Denies referral on MiAIMS and referral is automatically transferred to the local office.
2. Referral **does** meet criteria for APS investigation:
- Documents any contacts completed or attempted, to assist in the decision-making process, in MiAIMS.
 - Assigns referral on MiAIMS which prompts the transfer of an open APS case to the local office for assignment to an APS worker.

Note: The local office is responsible for printing and mailing the APS referral acknowledgement letter to the RS on all assigned APS cases.

3. Referral does not meet criteria for assignment but **must be forwarded** to an agency responsible to investigate the allegations.
- CI completes referral to responsible agency and documents the action in the *referral to other agencies* section of MiAIMS.
 - Documents any contacts completed or attempted, to assist in the decision-making process, in MiAIMS.
 - Prints APS denial letter from MiAIMS and mails to the RS.
 - Denies referral on MiAIMS and referral is transferred to the local office.

Reason: Grammatical corrections and changes for policy clarification and changes to computer system processes.

33) REFERRALS WITH SPECIAL CIRCUMSTANCES

ASM 207

- If the referral allegations are being addressed in the current investigation as determined by case documentation in MIAIMS, CI will:
 - Deny the referral. CI will notify the APS worker that there is a new referral that has been denied regarding their client. The APS worker must then review the denied referral for any information that may be relevant to their ongoing investigation.
 - Print and send the APS denial letter informing the RS that there is an active investigation.
- If the referral allegations **are not** being addressed in the current investigation (MIAIMS documentation does not reflect that the current allegations are known to the worker), CI will:
 - Document any contacts that are completed or attempted in MIAIMS.
 - Assigns the referral on MIAIMS, which prompts the transfer of an open APS case to the local office for assignment to an APS worker.

Reason: Changes to computer system processes and grammatical corrections.

34) TRANSFERRING ASSIGNED REFERRALS

ASM 207

The CI supervisor transfers all assigned referrals, via MiAIMS generated email, to the designated, county APS contact and transfers the "open" referrals on MiAIMS to the appropriate county APS complaint coordinator. All local office contacts must be maintained on the MDHHS County sites.

CI is responsible for printing and mailing all APS referral denial letters to the RS(s). **The local office maintains responsibility for**

printing and mailing all APS referral acknowledgement letters to the RS(s).

Local Office Contacts/ SharePoint

The [MDHHS County Sites](#) is located in SharePoint which is a collaborative software that facilitates the sharing of information between CI and the county offices. Each county must develop and maintain on-call calendars that identify who the CI contact(s) are for each day.

APS Supervisor(s) and Worker(s): Each local office must have an APS folder on their county SharePoint site. This folder must include the names and contact numbers for all APS supervisors and workers. This folder must be maintained by the local office and updated whenever there are staffing changes in the local office APS unit.

Example: The names and individuals listed may include the APS complaint coordinator, back up APS complaint coordinator and CPS supervisor/after-hours complaint coordinator.

Reason: Grammatical changes for policy clarification. Addition of hyperlinks.

35) AFTER- HOURS/WEEKEND REFERRALS

ASM 207

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

Reason: Grammatical change for policy clarification and removal of information that is repetitive to ASM 205.

36) REFERRALS FROM LAW ENFORCEMENT

ASM 207

When referrals are received from law enforcement (LE) requesting immediate assistance by APS with a vulnerable adult, the CI supervisor will immediately notify the local office APS complaint coordinator or designated, on-call contact to mobilize a worker to the location **as soon as possible**.

Reason: Policy clarification of APS response to referrals from law enforcement.

37) RECONSIDERATION PROCESS

ASM 207

1. The APS complaint coordinator or supervisor submits a reconsideration request through MiAIMS, including their rationale for the request.
2. CI is notified of the reconsideration request by an email generated from MiAIMS.
3. CI reviews the reconsideration request and responds through MiAIMS, including the reasons for their decision and if they are changing or maintaining the case status.
4. The CI director has final decision in all reconsiderations and will make any needed contacts with APS program office to make a more informed decision.

Reason: Changes to reconsideration process resulting from change to MiAIMS.

38) OVERVIEW

ASM 210

The Michigan Department of Health and Human Services (MDHSS) reporting and investigating responsibilities when other agencies are involved.

Reason: Grammatical change.

39) DHS-PUB-269, MI-MVP

ASM 210

The Michigan Model Vulnerable Adult Protocol (MI-MVP) was introduced on June 16, 2013 and is intended to assist local communities in protecting, investigating and serving older and vulnerable adults through increased collaboration. MI-MVP is a model for local communities to adapt, as needed, based on their local resources and needs.

A copy of MI-MVP can be located on the MDHHS public website at Adult & Children's Services/Abuse & Neglect/Adult Protective Services..

Reason: Added direct link to Mi-MVP. Grammatical changes.

40) MDHHS/BHDD

ASM 210

Behavioral Health and Developmental Disability Administration (BHDD) has responsibility for MDHHS/BHDD operated facilities.

Local office adult protective services (APS) workers do not investigate referrals of abuse, neglect, or exploitation of adult residents of MDHHS/BHDD operated facilities. MDHHS/BHDD Office of Recipient Rights (ORR) will conduct investigations in these facilities. See [ASM 258](#), for a list of these facilities.

Reason: BHDD was spelled out and added direct link to ASM 258.

41) LARA/BCHS

ASM 210

Licensing and Regulatory Affairs (LARA)/Bureau of Community and Health Systems (BCHS)-Health Facility Complaints

MDHHS local office staff are responsible for investigation of referrals involving adult patients and residents of LARA licensed facilities listed above if either of the following occurred:

The alleged violation took place outside the facility in the community.

MDHHS Staff must advise the complainant to make an oral report immediately by telephone to the appropriate LARA complaint unit at 800-882-6006 including the following information:

A complaint against a state licensed or federally certified health facility, including nursing home, hospital, home health agency, hospice, surgery center, dialysis center and other providers, may be completed in the following manners:

- Submit a complaint using the online form.
- Submit a complaint using the BCBS-361, Complaint form by:
 - Mail to:

Department of Licensing and Regulatory Affairs
Bureau of Community Health Systems-Health Facility
Complaints
P. O. Box 30664
Lansing MI 48909

- Fax to:

517-335-7167

- Email to:

BCHS-Complaints@michigan.gov

- Call the toll-free hotline at 800-882-6006.

Reason: Updated ways to file complaints with: LARA/BCHS - Health Facility Complaints division. Grammatical corrections and changes.

42) ADULT FOSTER CARE AND CAMP LICENSING DIVISION

ASM 210

APS has responsibility to investigate referrals of abuse, neglect or exploitation involving residents of adult foster care (AFC) homes and homes for the aged (HFA). BCHS, Adult Foster Care and Camp Licensing Division, has responsibility to investigate any allegations of rule violations within BCHS licensed facilities.

Note: APS may not share referral source information with the BCHS licensing consultants when they are investigating allegations in homes for the aged. APS may share referral source information with BCHS licensing consultants investigating allegations in adult foster care facilities.

Reports or complaints to BCHS may be completed in the following manners:

- Fill out the online complaint form.
- Print and complete a paper complaint form.
 - Mail paper complaint form to:

Bureau of Community and Health Systems
Children and Adult Licensing-Complaint Intake Unit

611 W. Ottawa, 1st Floor
P. O. Box 30664
Lansing, MI 48909

- Fax paper complaint form to:
517-284-9739

- Contact the toll-free number at 866-856-0126.

APS must investigate any allegations of abuse, neglect or exploitation while BCHS must investigate any licensing rule violations. The worker must send a copy of the investigation report to the AFC/HFA licensing consultant, redacting any identifying information regarding the referral source for homes for the aged investigations. (See [SRM 131, Confidentiality](#))

Note: BCHS licensing consultants must also provide the APS worker with a copy of their investigation report to include in the APS case file.

Reason: Updated ways to file complaints with: LARA/BCHS -Adult Foster Care and Camp Licensing division and clarification that referral source information may not be shared with BCHS licensing staff investigating referrals in homes for the aged.

43) CONTRACTED CMH AFC HOMES

ASM 210

Note: RS information cannot be provided to recipient rights officers and rights advisors who work under community mental health service programs (CMHSP's) as they are not MDHHS employees.

Note: BCHS is responsible for investigating licensing rule violations. ORR is responsible for investigating client rights violations.

Reason: Corrected language for CMHSP's from providers to programs and adding client rights. Removed processes that are no longer in place.

**44) ATTORNEY
GENERAL MEDICAID
FRAUD CONTROL
UNIT REFERRALS****ASM 210**

The Medicaid Fraud Control Unit (MFCU) in the Department of Attorney General is required to investigate allegations of abuse or neglect of patients/residents of facilities which accept Medicaid payments or provide services funded under Title XIX of the Social Security Act. Where appropriate, the MFCU can act upon such complaints and prosecute offenders under the criminal laws of the state.

Local APS offices are required to make referrals to the MFCU related to a patient/resident of a nursing home, home for the aged or adult foster care home when the facility/home is receiving Medicaid funds or providing services funded under Title XIX of the Social Security Act.

Referrals are made when there is:

- Suspected abuse, neglect, or exploitation of an adult patient/resident;
- Suspected abuse or neglect that would cause a reasonable person to believe **physical or mental harm** could be inflicted on an adult patient/resident;
- Suspected misappropriation of an adult patient's/resident's funds or property.

All such referrals must be documented on MiAIMS and referred immediately to the MFCU in one of the following manners:

- Mail to:
Department of Attorney General
Medicaid Fraud Control Unit
Health Care Fraud Division
P.O. Box 30218
Lansing, MI 48909
- Email: hcf@michigan.gov
- Fax 517-241-1029

Attn: Supervisor, Patient Abuse Team - APS Referral

- Contact the tollfree hotline at 1-800-242-2873

Reason: Updates to when it is appropriate to make referrals to the MCFU and appropriate ways to make referrals. Removed information on substance abuse treatment agency referrals for processes that are no longer in place.

45) COORDINATION WITH LAW ENFORCEMENT

ASM 210

Local offices must cooperate with law enforcement agencies conducting criminal investigations and must make records or client information available as provided in SRM 131.

Reason: Added hyperlink to policy manual item.

46) REFERRALS TO LAW ENFORCEMENT

ASM 210

Mentally Ill and Dangerous Persons

The local MDHHS director may seek a search warrant by personally filing an affidavit; see ASM 262, Affidavit for Search Warrant, with the district court.

A law enforcement officer may enter a dwelling without a warrant if the officer has reasonable grounds to believe a crime is being committed or if an individual's health is believed to be in danger and exigent circumstances exist, such as, if time were taken to obtain a warrant, the situation would change so that a warrant would no longer be necessary, such as, the client is in danger of dying.

Reason: Grammatical changes and addition of hyperlink.

47) MDHHS/BHDD OPERATED FACILITIES

ASM 258

Reason: Chart was updated to include change in name from DCH to MDHHS/BHDD operated facilities, updated names of directors

for facilities and updated link to list of local community mental health services programs.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

Added Items ...

[ASM 203](#)

Changed Items ...

[ASM 200](#)

[ASM 205](#)

[ASM 207](#)

[ASM 210](#)

[ASM 258](#)