

Therese Hutchinson

Authorized Signature

Number: APD-AR-15-007

Issue Date: 2/6/2015

Topic: Protective Services

Due Date: See Action Required

Subject: 2014 Screening Audit

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> County DD Program Managers | |

Action Required: All local APS offices are requested to send in screening information as follows:

Facility and Community APS: Screened in, Screened out/Consultations for October 13 - 17, 2014.

If you do not capture all the information you use to make a screening decision in one place or on one screening sheet, please provide the additional documentation related to each screening decision.

Please include information regarding the triage time assigned to each screened in case.

Screening information is due on or before March 20, 2015. Documentation may be provided via e-mail, fax or hard copy.

Reason for Action: This request complies with the recommendations of the DHS Internal Auditors and the Adult Safety and Protection Team and will also be used for Quality Assurance purposes.

Field/Stakeholder review: Yes No

If yes, reviewed by: **APD Operations**

If you have any questions about this action request, contact:

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