

Washington State Department of Social and Health Services

Transforming  
Lives

# The Advanced Home Care Aide Specialist Pilot (AHCAS) and Adult Protective Services (APS)

May 11, 2017

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## AHCAS Mission and Goal

- *AHCAS is an ADVANCED training initiative for Individual Providers caring for Service Recipients with Complex Needs*
- *The pilot goal is to improve health, reduce the frequency of challenging behaviors and empower people receiving personal care service to engage, maintain and/or attain the highest quality of life*
- *Benefits include behavior support, enhanced Person-Centered practices, enhanced relationship with the Caregiver*

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## AHCAS Skill Sets and Supports

- IP is offered 70 hours of training focused on person-centered approaches to care.
- Skills attained are able to be implemented the next day providing care
- Support is within scope of care

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## Health Action Plan or Behavior Support

Determining client criteria

What does it mean regarding support services?

Collaborating with Health Home care coordinators and client support systems

Case managing and referral of behavior support

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## Health Home Engaged Client

- AHCAS pilot participants agreed to have an updated HAP
- They can pick one goal or problem or continue to work on goals already established
- Add a supportive role for the IP at the care receiver's direction
- This is a billable appointment for Tier Two Services

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## What if I have a client who opted out?

- You may be notified of a person who wants to participate, but has not been engaged for a period of time or they have opted out.
- Reengaging the Health Home Client who is not disenrolled
- Process for disenrolled Health Home clients

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## AHCAS Case Management

- After the HAP is completed
- AHCAS monitoring
- Contacting and reporting

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## Client Disenrollment

- They notify case manager that they no longer want to participate
- Client is admitted into an institution over 30 days

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DSHS  
Health  
Home  
website  
contains a  
link to the  
AHCAS  
website

### Washington Health Home Program

#### Announcement

##### Addition of King and Snohomish Counties to the Health Homes Program

Beginning in 2017, HCA and DSHS will add Health Home care coordination services to King and Snohomish counties. This will result in statewide coverage, with Health Homes available in all 39 Washington counties. This addition is pending final approval of the State Plan Amendment by the Centers for Medicare and Medicaid Services (CMS).

Recorded information about implementation in the two counties and Health Home Program is available at:  
[https://www.youtube.com/watch?v=HefF8a\\_7Moc](https://www.youtube.com/watch?v=HefF8a_7Moc)

Recorded general information about Pediatric Health Homes can be viewed at: <https://www.youtube.com/watch?v=CNW6WbW00A&feature=youtu.be>

#### Achieving Washington State's Vision of Integrated Services

The Department of Social and Health Services and the Health Care authority have been collaborating on the Health Home program with federal partners for over two years, and have received strong support from individuals, local health care providers, and advocates. It provides both intensive care coordination and comprehensive care management and has resulted in improved health outcomes and a reduction in service costs for some of Washington's highest-need individuals.

In Washington State Health Homes are available in all but two counties (King and Snohomish). To be eligible individuals of all ages receiving Medicaid, including those who also receive Medicare must:

- have one or more chronic conditions such as diabetes, heart disease, or a mental health condition; and
- be at risk for a second chronic condition, defined as having a predictive risk score of 1.5 or greater.

Health Homes seek to address complex health issues by offering:

- comprehensive care management;
- care coordination;

#### Training Links

- Advanced Home Care Aide Specialist Pilot
- Care Coordinator Basic Training Schedule
- Care Coordinator Webinar Registration
- Care Coordinator Toolkit
- Core Training
- On-Going Training

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## AHCAS Website:

<https://www.dshs.wa.gov/altsa/training/advanced-home-care-aide-specialist-training-pilot>

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## ACHAS Contacts

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## Reporting to Adult Protective Services (APS)

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### Objectives for Today

- Know who is a Vulnerable Adult
- Know who is a Mandatory Reporter
- Know what APS investigates
- Know how to make a report and what to expect afterwards

## RCW 74.34

In 1984 the Washington State Legislature passed the Abuse of Vulnerable Adults law, RCW 74.34

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The law addresses the reporting and investigation of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults and, if allegations are substantiated, protective services.

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## Who is a Vulnerable Adult?

- [Chapter 74.34 RCW](#) and [WAC 388-71-0100](#) provide definitions that apply to the APS program.
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*A vulnerable adult is defined in RCW 74.34 as:*

- Individuals 60 years of age or older who have the functional, mental, or physical inability to care for themselves; and

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## Who is a Vulnerable Adult?

*Adults over age 18 who:*

- Have a guardian appointed through superior court as per [chapter 11.88 RCW](#); or
- Have a developmental disability as defined in [RCW 71A.10.020](#), such as intellectual disability, cerebral palsy, epilepsy, autism, or a condition similar to intellectual disability which originated prior to age eighteen; or

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## Who is a Vulnerable Adult?

- Live in a facility licensed by DSHS (e.g., adult family home, boarding home, nursing home, soldier's home, residential habilitation center, children's foster home); or
- Receive services from an individual provider as defined in [RCW 74.34.020](#); or

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## Who is a Vulnerable Adult?

- Receive in-home services through a licensed health, hospice, or home care agency; or
- Self-direct their own care to a personal care aide who performs that care for compensation ([RCW 74.34.021](#)).

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## Who Must Report?



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## Mandated Reporters

By law, those professionals mandated to report suspected Abuse, Abandonment, Neglect, Exploitation of Person or Financial Exploitation of vulnerable adults are: DSHS employees; individual providers contracted to provide services to a DSHS client; county coroners or medical examiners; employees of a facility licensed by DSHS, including:

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## Mandated Reporters

- Adult family homes, nursing homes, residential habilitation centers, and soldiers' homes; social workers; health care providers as defined in RCW 18.130, such as a doctor or nurse; Christian Science practitioners;
- Employees of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; law enforcement officers; and professional school personnel.

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## Permissive Reporters

Persons who are not Mandatory Reporters are called Permissive Reporters and are encouraged to report. Permissive Reporters include:

- Any person (friend, neighbor, relative), including:
- Attorney
- Employee of bank

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## What Can APS Do?

APS receives and investigates reports of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation of vulnerable adults living in the community and in facilities.

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## What Can APS Do?

APS conducts investigations at no charge and without regard to the income of the alleged victim.

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Some protective services may be provided without cost.

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## What Can APS Do?

The vulnerable adult or legal representative must give written consent for protective services and may end the services at any time.

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APS may pursue a protection order on a vulnerable adult's behalf without consent if the vulnerable adult lacks the ability or capacity to seek one on his/her own.

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## What Can APS Do?

- Determine the validity of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation from available information
- Determine current risk factors and supports for the vulnerable adult by assessing, as warranted: physical, functional and mental abilities, the conditions of the environment, support systems, and relationships
- Provide protective measures for a vulnerable adult alleged victim when necessary

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## APS Limitations

- APS services are voluntary.
- APS is not able to remove the alleged victim from his/her home without his/her permission, or detain the vulnerable adult due to capacity issues.
- APS does not assume placement or discharge responsibilities from the home, hospitals or facilities.

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## Types of Allegations



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## Risk Indicators

- Dependency of abuser on vulnerable adult
- Dependency of the vulnerable adult on the abuser
- Disturbed mental state of the abuser
- History of abuse
- Mental or physical frailty, disability or impairment of the vulnerable adult

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## Allegations

- Self Neglect
- Abandonment
- Neglect
- Financial Exploitation
- Abuse: sexual, physical, mental, personal exploitation, improper use of restraints

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## Possible Self-Neglect Indicators

- Inability to manage finances
- Changes in mental functioning
- Cannot perform activities of daily living
- Not keeping medical appointments
- Poorly kept environment
- No food in the house
- Malnourished/dehydrated, weight loss
- Physical sores, poor hygiene, body odors

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## Possible Neglect Indicators

- Statements that neglect is occurring
- Poor hygiene
- Delays in or doesn't receive medical treatment
- Unusual weight gain or loss
- Hazardous, unclean, unsanitary living conditions
- Dehydration
- Hypothermia or hyperthermia
- Decubitus ulcers

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## Possible Financial Exploitation Indicators

- Statements that financial exploitation is occurring
- Bills not paid
- Signing documents without full understanding of consequences
- Possessions are disappearing from house
- Unexplained withdrawals from accounts
- Unauthorized ATM withdrawals
- Forged signatures
- Sudden change where mail is sent
- Missing checks

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## Possible Physical Abuse Indicators

- Statements that physical abuse is occurring
- Unexplained injuries, broken bones, bruises, burns, open wounds
- Lacerations, welts or black eyes
- Symmetrical grip marks
- Unexplained paranoia
- Depression, suicidal threats
- Sudden changes in behavior
- Apathy
- Signs of physical restraints
- Denial of problems (when other indicators are present)

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## Possible Sexual Abuse Indicators

- Statements that sexual abuse is occurring
- Unexplained bleeding, wounds, or pain from orifices
- Bruising around genital areas
- Unexplained STD
- Painful urination or defecation
- Difficulty walking or sitting
- Pregnancy
- Inappropriate sexual behavior
- Repressive behaviors
- Fearful bathing
- Self-destructive behaviors

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## Possible Mental Abuse Indicators

- Statements that mental abuse is occurring
- Demonstration of excessive fear
- Withdrawal
- Low self-esteem
- Extreme passivity
- Unusual agitation
- Nervousness around certain people
- Excuses why cannot make phone calls
- Excuses why cannot leave the house
- Increased ambivalence
- Increased anxiety

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## Where to Report

2011 DSHS Regional Map



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## Online Reporting

<https://www.dshs.wa.gov/altsa/reportadultabuse>

### Report Concerns Involving Vulnerable Adults

\*\*\* PLEASE CALL 911 IF THERE IS AN EMERGENCY \*\*\*

All reports will be screened by Adult Protective Services and/or Residential Care Services. *If the person is in immediate danger, call 911.* You do not need proof to report suspected abuse and you do not need to give your name. *If you are a provider filing a mandatory report, please complete a Residential Care Services Online Report.*



Report Online



Report by Phone

## APS

- **Region 1**      1-800-459-0421  
Email: [R1APSIntake@dshs.wa.gov](mailto:R1APSIntake@dshs.wa.gov)
- **Region 2**      1-866-221-4909  
Email: [R2HCSAPSIntake@dshs.wa.gov](mailto:R2HCSAPSIntake@dshs.wa.gov)
- **Region 3**      1-877-734-6277  
Email: [HCS-R3S-APSIntake@dshs.wa.gov](mailto:HCS-R3S-APSIntake@dshs.wa.gov)

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## No Wrong Door

### Complaint Resolution Unit (CRU)

For reporting provider practice concerns  
1-800-562-6078 (TTY) 1-800-737-7931

**END HARM: 1-866-363-4276 (1-866-END-HARM)**

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## When Should You Report?

When you have reasonable cause to believe that Abandonment, Abuse, Financial Exploitation, Exploitation of Person, or Neglect is occurring.

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## How Soon Must I Report?

Report immediately to DSHS if you have reasonable cause to believe that a vulnerable adult is being harmed.

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You do not need proof of harm.

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## When to Call Law Enforcement

Immediately report suspected sexual and physical assault to both law enforcement and DSHS.

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## What to Include in Your Report

(Do not hesitate to report due to lack of information.  
Often the department or Law Enforcement has details)

- What makes this person a vulnerable adult?
- What is the allegation? What has occurred?
- Name, birth date and Social Security # if known of Alleged Victim (AV).
- Address, telephone, contact information.
- Current Case Manager information.
- Alternate decision maker information.

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## What to Include, cont'd

- Name, address, and phone number of alleged perpetrator (AP).
- Other interested individuals (collateral persons).
- Any other information which will assist in investigation (safety issues, family dynamics, relevant history, work schedule).

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## What Happens After Your Report?

- APS Intake will determine if an investigation is warranted and assign the report to a APS Investigator.
- Report of suspected criminal activity is made to law enforcement.
- AV, AP and collaterals are interviewed, risk factors are determined.
- Immediate protective services are offered, if needed.

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## What Happens, cont'd

- Determination made whether mistreatment occurred, based upon collected information.
- APS will make a finding of Unsubstantiated, Inconclusive or Substantiated.

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## Response Times

- Initial face-to face contact with the alleged victim will vary from 24 hours to 10 working days, depending on the allegation and the risk to the alleged victim.
- Duration of investigation depends on multiple factors and varies. There is no time limit on investigation length or AP Interview.

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## Reporting Protections

- **Immunity**: When making a report in good faith or testifying about the Abandonment, Abuse, Neglect, Financial Exploitation, Exploitation of person or Self-Neglect.
- **Confidentiality**: Identity of person making the report can remain confidential unless a report is made to law enforcement, or there is a judicial proceeding, or the reporter consents.

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## Summary

- Know if you are considered a mandatory reporter.
- Know who is considered a vulnerable adult.
- Stay alert to possible signs and symptoms of the different forms of abuse.

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## Summary

- If you think someone may be in danger or needs urgent help, call 911 immediately.
- Immediately report any suspected Abandonment, Abuse, Exploitation, and Neglect (including Self-Neglect) when you have reasonable cause to believe harm has occurred.
- If in doubt, call. APS Intake will be happy to discuss the circumstances with you.

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## Video

# Martin's Story

<https://www.youtube.com/watch?v=o2Ui1SrOd4I>



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## Resource for Translations of the PHQ-9 and GAD-7

The website sponsored by Pfizer is located at:

<http://www.phqscreeners.com>

Welcome to the Patient Health Questionnaire (PHQ) Screeners

### Screener Overview

Recognizing signs of mental health disorders is not always easy. The Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals that is quick and easy for patients to complete. In the mid-1990s, Robert L. Spitzer, MD, Jane B.W. Williams, EdSW, and Kurt Kroenke, MD, and colleagues at Columbia University developed the Primary Care Evaluation of Mental Disorders (PRIME-MD), a diagnostic tool containing modules on 12 different mental health disorders. They worked in collaboration with researchers at the Regenstrief Institute at Indiana University and with the support of an educational grant from Pfizer Inc. During the development of PRIME-MD, Drs. Spitzer, Williams and Kroenke, created the PHQ and GAD-7 screeners.

The PHQ, a self-administered version of the PRIME-MD, contains the mood (PHQ-9), anxiety, alcohol, eating, and somatoform modules as covered in the original PRIME-MD. The GAD-7 was subsequently developed as a brief scale for anxiety. The PHQ-9, a tool specific to depression, simply scores each of the 9 DSM-IV criteria based on the mood module from the original PRIME-MD. The GAD-7 scores 7 common anxiety symptoms. Various versions of the PHQ scales are discussed in the Instruction Manual.

**All PHQ, GAD-7 screeners and translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them.**

Select a Screener

PHQ and GAD-7 Screeners

PHQ-9

Select language

[Click here to access the Instruction Manual](#)

[Bibliography by author](#)

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# Certificate of Completion

## Mandated Reporting- Adult Protective Services and the Advanced Home Care Aide Specialist Pilot

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Department of Social and Health Services – Aging and Long Term Support Administration

*Webinar aired on: May 11, 2017 in Lacey, Washington  
for Health Home Care Coordinators and Allied Staff*

*Training Credit of 1 Hour*

Please sign and date to attest that you reviewed this PowerPoint

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Date

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Supervisor's Signature

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Date