Title Centralized Reporting Unit

Purpose

To describe the Administrative Placement of the Centralized Reporting Unit

To define the role and responsibilities of the management and staff of the Centralized Reporting Unit

To describe the tasks of processing a report to the Centralized Reporting Unit

Policy

The Centralized Reporting Unit is a virtual unit referred to as Central Intake. The function of the unit is to receive and process voluntary reports, required reports and/or complaints relative to vulnerable adults, persons living in assisted living homes and persons receiving services managed by the Division of Senior and Disabilities Services. The unit is housed in the Division of Senior and Disabilities Services and is staffed by representatives from the Adult Protective Services Unit and the Quality Assurance Unit, and the Residential Licensing Unit which is part of the Division of Health Care Services. The Divisions of Senior and Disabilities and Health Care Services are divisions within the Alaska State Department of Health and Social Services. Central Intake Unit staff are cross trained in the policies and procedures of the three units represented, so that each Central Intake worker can process and route each type of report listed above and refer appropriately if the report pertains to another agency or service.

Authority

AS 47.05.010; Defines the department duties. 47.05.310; Criminal history; criminal history check; compliance. 47.05.320; Criminal history use standards. 47.05.330; Centralized registry. 47.05.340; Regulations. AS 47.07.030; Medical services to be provided. AS 47.07.040; State plan for provision of medical assistance. AS 47.24.010; Persons required to report; reports of harm. AS 47.24.011; Duties of the department regarding services and protection for vulnerable adults. AS 47.24.013; Reports of undue influence, abandonment, exploitation, abuse, neglect, or self-neglect of vulnerable adults in out of home care facilities. 47.32.010; Purpose and applicability. 47.32.030; Powers of the department; delegation to municipality. AS 47.33.005; Purpose. 47.33.010; Applicability. 47.33.080; Closure or relocation; change of mailing address. 47.33.300; Resident's rights.

Definitions

"Adult Protective Services" (APS), a unit of the Division of Senior and Disabilities Services, helps to prevent or stop harm from occurring to vulnerable adults in the State of Alaska.

"Alaska Centralized Report" means a new form available online that reports information to the Adult Protective Services (APS), Senior and Disabilities Services Quality Assurance (QA), and Residential Licensing (RL) units simultaneously. This form replaces the old Report of Harm to APS, Critical Incident Report to QA, complaints made to QA, complaints made to RL and the Incident Complaint Report Form to RL.

"Alleged Perpetrator" is the identified cause of abuse, neglect or exploitation of the alleged victim in the reported incident.

"Alleged Victim" is the subject of the reported incident. This term is interchangeable with "Involved Person."

"Residential Licensing" (RL), a unit of the Division of Health Care Services, is responsible for licensing, inspecting, monitoring, and receiving and investigating complaints regarding assisted living homes in the State of Alaska.

"Central Intake Unit" is a virtual unit formed by staff from the Adult Protective Services and the Quality Assurance Units from the Division of Senior & Disabilities Services, and the Residential Licensing Unit from the Division of Health Care Services. The unit receives and processes voluntary and required reports and/or complaints that pertain to services provided by the units named above.

"Central Intake Worker" is a role that is part of the Central Intake Unit. Central Intake workers are Adult Protective Services Intake staff, Senior and Disabilities Services Quality Assurance staff and Residential Licensing staff. Central Intake workers have been cross trained on each unit's practices and trained to create an intake or Alaska Centralized Report, process this report, and route it to the unit or units that have jurisdiction to take action on the reported incident.

"Central Intake Supervisor" is a role that ensures the work of the Central Intake Unit operates efficiently and meets quality standards for all intakes. The Central Intake Supervisor will provide training, oversight and consultation to Central Intake Workers. This position is managed by a Chief in the Division of Senior & Disabilities Services.

"Central Intake Manager" is a role that ensures the work of the Central Intake Unit is evenly distributed across units and will resolve any complaints or issues concerning the implementation of the Central Intake Unit. This role is assumed by the Chief of Quality for Senior and Disabilities Services.

"Division of Health Care Services" is the division within the Department of Health and Social Services responsible for providing access and oversight to the full range of appropriate Medicaid health care services to all eligible Alaskans in need.

"Division of Senior and Disabilities Services" is the division with the Department of Health and Social Services responsible for promoting health, well-being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

"DS3" is a database used by Senior and Disabilities Services to track service usage.

"Incident" refers to the circumstances and details of why the report is being made.

"Involved Person" is the subject of the reported incident. This term is interchangeable with "Alleged Victim".

"Normal Review" is a category of screening review that a screener will review as a regular part of the screener's workload.

"Other Involved Person/s" refers to other people who were involved in the incident or have information about the incident or Alleged Victim/Involved Person.

"Priority One Response" (P1) is an APS, QA or Licensing investigation that requires immediate initiation and action taken to prevent additional harm from occurring.

"Priority Review" is a category of screening review that has been identified as a case that needs to be processed quickly by a unit screener, because an investigation or other action may need to be taken as soon as possible.

"Quality Assurance" (QA) a unit of the Division of Senior and Disabilities Services, conducts reviews, investigations and quality assurance reporting for services, programs and providers administered or certified by Senior and Disabilities Services.

"Reporter" refers to the person telling Central Intake about an incident, problem, complaint or possible abuse, neglect or exploitation that may be occurring.

"Screener" is a role within each of the participating units that is responsible to review all intakes routed to that unit, to determine the level and priority of response needed for the unit and to assign new cases to staff. The screener also refers selected intakes to other agencies with investigative jurisdiction.

"Welfare Check" is a request made of emergency services providers to conduct an in-person visit to someone's home to identify if they are safe.

Responsibilities

1. Central Intake staff are responsible for

a. Receiving reports by any method (phone, fax, online/web or walk-in) and initiating the intake process;
b. Contacting the reporter with follow-up questions if key information is missing;
c. Ensuring information about the incident is thoroughly documented;
d. Ensuring any named or involved people and their contact information is verified through the electronic database;
e. Initiating the intake process on all reports received and routing them to the correct unit with the correct priority;
f. Notifying a supervisor when a report is received where the named person appears to be in need of
    i. immediate medical attention, police protection or a welfare check; or
    ii. a priority one response (P1) is believed to be needed from any unit; and
g. Completing Information and Referral cases as assigned.

2. Central Intake supervisors are responsible for

a. Ensuring reports are documented and processed in a timely manner;
b. Ensuring Central Intake Workers are following established policies and procedures;
c. Ensuring the intake process is documented and processed accurately;
d. Providing guidance on complex and urgent case issues; and
e. Training, coaching and evaluating assigned Central Intake workers.

3. The Central Intake Manager is responsible for

a. Ensuring the work of the Central Intake Unit is evenly distributed across units; and
b. Resolving any complaints or issues concerning the implementation or workload of the Central Intake Unit.

Procedures

1. Staffing and scheduling

a. Intakes are processed on all State of Alaska business days between the hours of 8:00 a.m. and 4:00 p.m. Central Intake workers will be scheduled so that adequate staffing is available on all State of Alaska business days from the hours of 8:00 a.m. to 5:00 p.m.
b. Overtime may be needed from time to time and must be pre-approved by a supervisor.
c. Lunches and planned leave is staggered so that at least three Central Intake workers are available at any time.

i. The Central Intake Supervisor may opt to fill-in as a Central Intake worker or assign another qualified worker to complete the duties of a Central Intake worker to maintain minimum staffing.

2. Workload management

a. Central Intake workers will frequently, and no less than every two hours, check all intake voice mailboxes, fax machines, inboxes (electronic and physical) and database queues so that all reports submitted to Central Intake will be processed in a timely manner.
   i. The final check of the Central Intake boxes will occur at 4:00 p.m.
   ii. All reports received by 4:00 p.m. must be reviewed for Priority Review status by the close of business.
   iii. Reports must be through the intake process with 24 hours of receipt during standard business hours. The 24 hour timeframe begins on the start of the next business day if the report was sent in after 4:00 p.m. during the week or on a weekend or holiday

b. Reports with circumstances indicating a priority review is needed will be processed first.

c. Central Intake workers will communicate workload status to the Central Intake supervisor throughout the day.
   i. The Central Intake supervisor will check on Central Intake workers throughout the day.
   ii. The Central Intake supervisor must be notified of the potential need for overtime as soon as the need is known.
   iii. The Central Intake supervisor shall be notified of the potential need to leave reports in the queue for processing the next morning as soon as this need is known.
   iv. Throughout the day Central Intake workers will notify the Central Intake Supervisor as soon as there is a possibility that a Priority One response will be needed. The Supervisor and the Unit Screener will make a timely determination if same day response is needed so if necessary investigation staff resources can be assigned as soon as possible.

d. Central Intake workers will ensure that intakes are completed as efficiently as possible so that staff resources are effectively managed.

3. Processing an Intake

a. Document and verify sufficient demographic and contact information about the reporter, so that the reporter can be contacted by investigations, quality assurance or licensing with follow-up questions.
   i. Search and verify person match found in the database. Use date of birth and current place of employment as verification if multiple name matches are found.
   ii. Update person record in database, as needed.
   iii. Identify if the reporter is a mandated reporter.
   iv. If the reporter refuses to provide name or contact information and wishes to be listed as anonymous, review the confidentiality protections and limitations with the reporter. At a minimum attempt to obtain a name and a callback number. If this is refused, do not add a

reporter to the record. Instead, identify in the incident description that the reporter wishes to remain anonymous.

b. Document and verify sufficient information about the Alleged Victim/Involved Person so that he or she can be identified and visited in person and called by investigations, quality assurance or licensing.
   i. Search and verify person match found in the database. Use date of birth as verification if multiple name matches are found.
   ii. Update person record in database, as needed.
   iii. Ensure the current location of the Alleged Victim/Involved Person is clearly identified. If the address history is confusing, add the current location to the incident description.
   iv. If address is unknown, ensure a description of the location is listed in the report of the incident.
   v. If the address is temporary, add it to the address history of the alleged victim and list it as a temporary address.
   vi. Document who else lives in the home and if there are any caregivers or legal decision makers for the Alleged Victim/Involved Person.
   vii. Document primary language spoken and if there is a need for an interpreter.

c. Document and verify information about the Incident.
   i. Identify when it happened.
   ii. Identify who was involved and how.
   iii. Identify what happened.
   iv. Identify where it happened.
   v. Identify how many times it happened and if it is/could be happening now.
   vi. Identify if the person is believed to be safe or unsafe now.
   vii. Identify if there are any hazards or risks to staff at the Alleged Victim/Involved Person's current or home address.

d. Document and verify contact information for Other Involved Persons
   i. Search and verify person match found in the database. Use date of birth as verification if multiple name matches are found.
   ii. Update person record in database, as needed.

e. Document and verify information about the Alleged Perpetrator, as needed. Not all reports will have an Alleged Perpetrator. If it is not clear that there is one or who it is, do not add one. Instead, describe what is known in the incident.
   i. Search and verify person match found in the database. Use date of birth as verification if multiple name matches are found.
   ii. Update person record in database, as needed.

f. If any of the minimum information listed above is not present in a report and is necessary in order to complete the intake, the reporter may be contacted by phone to obtain this information.

g. Cross check DS3, EIS, ARIES for service, legal decision maker records and active Medicaid. Add any helpful information such as the Medicaid number and DS3 identification number. If a

legal decision maker is identified, add that information to the intake record. If active Medicaid is identified document it under the Participant tab in Harmony.

h. Active Medicaid should be marked as Other Medicaid Program in the Program Participation box.

i. Review intake for completeness, spelling and grammar.
   i. If you need to edit the spelling and/or grammar of an intake submitted by someone else, be sure to add a note stating that an edit was made.

j. Mark as a priority review if one of the following circumstances is present:
   i. the intake identifies that the Alleged Victim/Involved Person is a minor;
   ii. a death has occurred;
   iii. a Priority One response is believed to be necessary.

k. Answer the routing questions and complete the intake.

l. Central Intake worker will need to go to screening queue and assign a Screener to the report they just routed, along with assigning the screening date and time once the intake is complete and routed to APS.

m. Special considerations for Walk-ins: Reporters who walk-in to the Senior and Disabilities Services offices must be seen promptly.
   i. Request that an administrative assistant book a conference room for the interview.
   ii. Ensure a supervisor knows you are completing a walk-in intake and which room you have. Discuss any safety issues or concerns you may have with your supervisor.
   iii. If there are concerns about interviewing the person alone, arrange for another staff member to be present.
   iv. You should bring a blank intake report with you to ensure all needed information is captured.
   v. Always bring a cell phone with you. It may be the only way you can reach out for help. Call your supervisor to check in after 30 minutes.
   vi. Sit closest to the door. Do not sit so that the reporter is between you and the exit.
   vii. Keep the door closed to protect confidentiality, unless a safety concern is present.
   vii. If the person reveals they intend to harm themselves or someone else, contact a co-worker to call emergency services and talk with the person until help arrives unless that person becomes agitated. Take necessary safety precautions for yourself first. Do not "force" a person to remain in the room or building. Instead, try to watch where they are going so that a directional description can be given to the police.

n. Reports received by Phone: Reporters who call by phone will be spoken with promptly. If the reporter leaves a voicemail message before 4:00 p.m., the call must be returned within the same business day it is retrieved.
   i. If the Central Intake worker attempts a return call and receives voicemail, leave a brief message requesting a return call.
   ii. If the reporter's voicemail indicates he or she is out of the office or works nights, speak with a supervisor to gain additional information if possible.

iii. If multiple callbacks go to voicemail, discuss the report with your supervisor. An intake may need to be sent forward with what is contained in the message as is, noting the reporter was not available to add any additional information.
iv. If a caller or alleged victim is in crisis (talking of harming self or others, medical emergency, need for law enforcement) keep the person on the line and talking.
v. Try to obtain information that identifies the person in crisis and their current location.
vi. Flag a co-worker to call emergency services.
vii. Do not hang up or put the person on hold.
vii. Use a second phone to call emergency services if a coworker is not immediately available to do so.
viii. Continue to talk with the person in a non-threatening helpful manner until emergency services arrives or a co-worker takes over the call for you.

o. Reports received by Email, mail or fax:
i. Enter all information provided in the report into a new intake.
ii. Intakes will be submitted as is unless there is key information missing from the report that is critical to deciding if it is a Priority Review or if the report fails to identify the alleged victim.
iii. Intake Worker will ensure all grammar in the report is corrected before routing the report.

p. Reports received by Web Intake
i. Intakes will be submitted as is unless there is key information missing from the report that is critical to deciding if it is a Priority Review or if the report fails to identify the alleged victim.
ii. Intake Worker will ensure all grammar in the report is corrected before routing the report.
iii. Training reporters on how to complete a web intake or Report of Harm
iv. Central Intake workers may give a reporter brief training on how to complete a report if follow-up is required due to incomplete information.
v. Always refer to the SDS Training Unit for more in depth training or follow up questions on the web intake. SDS service providers and employees need to use this form.
vi. The general public is not expected to use the web intake form and should be given guidance on how to submit by fax, secure email, web intake or phone.

q. Information and Referral
i. During an intake, Central Intake workers may give out referral numbers or web addresses of other agencies that can help with a specific identified need that the caller may have. (Examples: Division of Public Assistance, Aging and Disability Resource Center, Alaska Court website)
ii. Central Intake workers may not give advice on how to proceed with a particular situation.
iii. Use the Policy and Procedure on Information and Referral if assigned a case.

4. **Checking voicemail for new messages:** A red light on your phone receiver will be an indicator you have a voice message on your CISCO IP Phone. When checking voice mail, you must press the icon on the phone that is labeled message above it and then follow the prompts. The new messages will

play automatically by pressing #1 (if you need to listen to old messages press #3 and then #1). While listening to messages the Intake Worker must listen for information that may make this case a Priority (see P1 guidelines). The Intake worker must document all incoming calls on their message log book (review documenting on Log Book). The call should be saved to the Intake Workers phone message in box for one week then deleted. The Intake Worker may need to forward the call as well. REMEMBER all voicemails must be checked at least every two hour and all phone calls returned with-in 24 hours of receiving them.

5. **Message Log book - Central Intake Phone Log Book:** Phone Calls and Messages are logged into the Central Intake Phone Log Book as they are received, indicating:

a. Caller's name
b. Date
c. Time
d. Adult's name & date of birth (if provided)
e. Caller's agency or business
f. Caller's phone contact information
g. A brief description for the reason for the call and any pertinent information left in the voicemail. The Intake Worker will attempt to contact the reporter/caller as soon as possible but with-in 24 hour of the call, making two attempts as needed. Results of call back to be recorded in log: ROH # and initials, LM (Left Message), Informational (IN)
h. Initial each message upon completion.
i. Log Books shall be maintained for a SIX (6) month period after completion before shredding it.

6. **Phone Reports:** Reporters who call by phone will be spoken with promptly. If the reporter leaves a voicemail message, before 4:00 p.m. the call must be returned within the same business day it is retrieved if possible; if for some reason a message is unable to be returned the same business day it must be staffed with Intake Supervisor.

a. If the Central Intake worker attempts a return call and receives voicemail, leave a brief message requesting a return call.
b. If the reporter's voicemail indicates he or she is out of the office or works nights, speak with a supervisor to gain additional information if possible.
c. If multiple callbacks go to voicemail, discuss the report with your supervisor. An intake may need to be sent forward with what is contained in the message as is, noting the reporter was not available to add any additional information.
d. If a caller or alleged victim is in crisis (talking of harming self or others, medical emergency, need for law enforcement) keep the person on the line and talking.
e. Try to obtain information that identifies the person in crisis and their current location.
f. Flag a co-worker to call emergency services.
g. Do not hang up or put the person on hold.
h. Use a second phone to call emergency services if coworker is not immediately available to do so.

i. Continue to talk with the person in a non-threatening helpful manner until emergency services arrives or another co-worker takes over the call for you.

7. **Email, Mail or Fax**

a. Enter all information provided in the report into a new intake.

b. Intakes will be submitted as is unless there is key information missing from the report that is critical to deciding if it is a Priority Review or if the report fails to identify the alleged victim.

c. The report date and time is the date and time the report was emailed or faxed to SDS.

8. **Walk-Ins**: Walk-ins: Reporters who walk-in to the Senior and Disabilities Services offices must be seen promptly.

a. Request that an administrative assistant book a conference room for the interview.

b. Ensure a supervisor knows you are completing a walk-in intake and which room you have. Discuss any safety issues or concerns you may have with your supervisor.

c. If there are concerns about interviewing the person alone, arrange for another staff member to be present.

d. You should bring a blank intake report with you to ensure all needed information is captured.

e. Always bring a cell phone with you. It may be the only way you can reach out for help. Call your supervisor to check in after 30 minutes.

f. Sit closest to the door. Do not sit so that the reporter is between you and the exit.

g. Keep the door closed to protect confidentiality, unless a safety concern is present.

h. If the person reveals they intend to harm themselves or someone else, contact a co-worker to call emergency services and talk with the person until help arrives unless that person becomes agitated. Take necessary safety precautions for yourself first. Do not "force" a person to remain in the room or building. Instead, try to watch where they are going so that a directional description can be given to the police.

9. **APS questions:** Intake question for reports with APS jurisdiction. When a report is being taken by phone or walk-in, and its jurisdiction is APS, it is important that enough information is gathered to determine if the adult is vulnerable, if there is abuse and/or neglect and if so what priority needs to be set. The same information is needed to be determined from a fax, email, mail or web report as well. If reading a report with APS jurisdiction and you as the Intake Worker are unable to determine if the adult is vulnerable, if abuse or neglect took place or is taking place; then a follow-up phone call to the reporter is needed if the reporter is identified.

a. List of suggested questions:

   i. What happened to make you call today?

   ii. Is the adult in, or appear to be in, imminent danger of death or serious bodily harm? If yes, describe.

iii. Please describe any physical or mental impairment/limitations that may prevent the individual from protecting themselves, seeking help from someone else and/or living independently. (Include diagnosis if known).
iv. How has the adult's physical/mental health and functioning declined or changed
v. In what way do you think the adult is abused, neglected, or exploited; is self-neglecting, or is at risk of abuse, neglect or exploitation
vi. Did you or someone witness the incident or condition? If not, how did you become aware of the situation
vii. Has anyone attempted to stop what is happening to the adult, to include calling law enforcement? If yes, explain what they have done.
viii. Does someone help with the decision-making and or managing the adult's finances? If yes, who and describe role (i.e. POA, Legal Guardian or Conservator, etc.) Are they aware of the situation? If no, explain.
ix. Does the adult have services in the home?
x. Do you know if law enforcement has been involved? If yes, give details.
xi. Are there any environmental or safety issues that the worker should be aware of? If yes, explain.

10. Routing of Intakes

a. Priority 1: A Priority 1 (P1) is identified by the Intake Worker. If the P1 is for APS the Intake Worker must notify the APS supervisors and Intake Supervisor by email that there is a potential P1, and include the case number and the city. All P1 case must be routed with a priority review.
b. If the P1 is for RL, the Intake Worker must notify the RL supervisors and Intake supervisor by email that there is a potential P1, and include the case number and the city. All P1 case must be routed with a priority review.
c. If the P1 is for QA, the Intake Worker must notify the QA supervisors, QA Manager and Intake supervisor by email, that there is a potential P1 the case number and the city. All P1 case must be routed with a priority review.

11. (CIR) **QA Routing Criteria CIR**: Determine whether the incident meet the Critical Incident Report requirements and the involved person is in the screening process for services or receiving active SDS services at the time of incident.

a. Accident/Incident with Medical Intervention
   i. If no medical intervention it doesn't go to QA
   ii. Accident, injury or other unexpected event that affected recipient's health, safety or welfare.
b. Death
   i. Expected-hospice, DNR, or Comfort One
   ii. Natural-Cause of death correlates with diagnoses
   iii. Other-Not typically used

iv. Suicide-suicide
v. Suspicious-allegation of wrong doing or question whether provider responded appropriately during the incident
vi. Unexpected-no suspicion but cause of death does not match diagnoses

c. Falls
   i. Fall with medical intervention
   ii. Fall without medical intervention

d. Harm to Self or Others
   i. Intended harm only not accidently
   ii. Self-Harm-Recipient does something to harm themselves (cutting, suicide)
   iii. Harm to Other-Recipient behavior resulted in harm to other recipients, staff, etc.

e. Law Enforcement Response
   i. Law enforcement responds to an event involving a recipient

f. Medication Errors
   i. Provider Error
      1. Did not provide medication as scheduled +/- one hour
      2. Provided medication other than when it was scheduled
      3. Provided wrong dosage
      4. Provided medication by wrong means or route
      5. Provided medication not intended for the recipient
      6. Provided recipients medication to another individual
      7. Document medication administration
   ii. Recipient Error
      1. Recipient: recipient mismanages their medication. A provider is not involved

g. Missing Person
   i. Only if the location of the adult is not known
   ii. Any time an individual is absent or elopes without notice or not where they should be

h. Restrictive Intervention
   i. Misused/Inappropriate: restraint was not approved in the behavior plan or was inappropriately applied.
      ii. Resulted in Medical Intervention: when an approved restrictive intervention resulted in the need for medical intervention
      iii. Chemical-use of medication to restrict or control behavior that is not prescribed
      iv. Seclusion-Involuntary confinement in a room or area from which the recipient is prevented from leaving
      v. Prone-restraint prohibited by regulation

12. Routing Criteria for QA complaints: QA receives complaints about a Senior and Disabilities Services (SDS) provider or recipient in these circumstances:

a. Inadequate Services Provided

i. Provider not providing services as scheduled

b. Misrepresentation
   i. Generally recipient misrepresenting their needs to become eligible or get an increase in services

c. Regulation Violation
   i. Provider in violation of a regulation

d. Services Not Provided
   i. Provider is not providing a required or contracted for service

e. Suspected Fraud
   i. Billing for services not performed

f. Suspected Overpayment
   i. Billing in excess of a service provided

g. Suspected Provider Negligence
   i. Provider took an action that resulted in harm to the recipient
   ii. Provider failed to take an action that would have prevented harm to a recipient

13. **Mortality**: When receiving a death of participant report, in addition to the steps of a regular intake, the intake worker will ensure that the Description of Incident includes all the information needed. Then the Intake worker will select Death for the Results of Incident by selecting it from the list. In the Decision section, the Screening Priority will be set to Priority. The intake worker will also ensure that the Date of Death is entered on the Participant Tab for the Alleged Victim.

a. If the allege victim is in DS3 than the Intake worker will enter the Date of Death (DOD) in DS3. The alleged victim will need to be located in DS3; then click on client details, and then click on view details. Finally, click on the Set DOD. The secondary screen will appear and the Intake worker enters the correct Date of Death. The intake worker will then be prompted to ensure that this is correct. The action is not final until the Intake worker clicks on the Set Deceased Date button. All Deaths where the alleged victim is receiving SDS services must be routed to QA. If the alleged victim resided in an ALH the report must also be routed to ALL. Central Intake will not hold the intake waiting for a death of participant form.

14. **Children**:

a. All reports that Central Intake receives on a child (anyone under the age of 18) must be routed to Quality Assurance and marked a Priority review.

b. All reports that Central Intake receives on a child (anyone under the age of 18) where there is abuse or neglect identified must be faxed to Office of Children's Services (OCS) (according to the intake region). In the agency notification box check OCS and add the date you notified OCS.

15. **LTCO:** All reports that Central Intake receives, where the adult is 60 years and older, in an ALH or a skilled nursing facility and would benefit from advocacy; must be faxed to LTCO.

16. **Welfare Check**: A request made of emergency services to conduct an in-person visit to someone's home to identify if they are safe. Intake Worker can request welfare checks. The case must be staffed with the Intake supervisor and then determined the adult is in danger and needs law enforcement or medical services. Intake worker will call law enforcement for that region and request a welfare check. The Intake worker will relay to dispatch the circumstance in which a welfare check is needed. This needs to be done before the case is routed. The Intake Worker will attempt to obtain the incident number and note it in the body of the intake.

17. Setting the screener: For all APS cases the Intake worker must set the Screener. The Intake worker will need to change their role in Harmony to the role of an APS Screener. Click on the Intake tab, find the case you most recently routed, click on the number, it than will allow the worker to set the screener. The screener will be set to the APS supervisor that supervises that region. Once screener, time and date is set, then the intake worker will go to file and choose save check-in and close.

18. Clearing the Queue at 3:00 p.m.: The Central Intake queue in Harmony must be reviewed for priority cases: This is done by setting your role as a Central Intake Worker in Harmony. Starting with the cases that don't have a worker assigned or are not checked out by a worker. Click on the case without checking it out and read the incident description box. Any case that may fit the criteria of a P1 must be brought to the attention of the Intake Supervisor or the lead (by email or phone contact or in person) for review. All cases that were received by 4:00 p.m. that day must be review for P1.

19. Clearing the phones, email and faxes: The Central Intake Worker must clear the phones, faxes and emails by 4:00 p.m. The Central Intake Worker reviews all incoming faxes, emails and phones for priority 1 case. This is done by checking the fax machine and emails at 3:00 p.m., review fax reports and DSM emails for P1 cases. Central Intake will monitor phone calls till 4:00 p.m. for P1 cases. Any case that may fit the criteria of a P1 must be brought to the attention of the Intake supervisor or the lead (by email or phone contact or in person) for review. When the faxes, emails and phones have been reviewed and cleared for P1 cases, Intake will notified the supervisor or lead (by email or phone contact or in person) by 4:00 p.m. that the phones, faxes and emails are clear of P1s.

20. Critical Incident Reports: CIRs are still faxed to fax # 269-3690 located in the QA unit. Once a day this box must be checked. These CIRs are processed just like faxes.

21. Original Intake Documents: Every faxed, emailed, mailed or hand delivered report (and any accompanying documents) that are received through Central Intake is up-loaded into the report record in harmony. The original is held for three months and then shredded. Please insure the original document is up loaded before routing the report. (See up loading documents in Harmony in the Harmony procedure manual).