

Action Request Transmittal Developmental Disabilities Services



Charles Hibner, OTIS Director

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Number: APD-AR-19-055

Issue date: 12/13/2019

Topic: Developmental Disabilities

Due date: 5/1/2020

Subject: Adult Abuse Investigations or Death Reviews: Temporary Pre-CAM Form for Office of Training, Investigations and Safety Notifications

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): CDDP Adult Abuse Investigation Specialists, and Office of Training, Investigations and Safety (OTIS) |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: *As detailed in the October 16, 2019 email from OTIS to Community Developmental Disabilities Programs (CDDP) Adult Abuse Investigators and Program Managers related to "OTIS Abuse Investigation Number Assignments": The actions required are an interim OTIS process to be followed until the CDDP has access to the Department's Centralized Abuse Management (CAM) system for notification of an abuse investigation or death review being opened by the Department's CDDP designee.*

Effective immediately, all CDDPs are to start using the attached form and the assigned electronic-mail box listed on the form for notifications to the Department's OTIS as required by law when an abuse investigation is screened in and assigned for an investigation, or a death review is being conducted. This is in accordance to OAR 407-045-0285 or OAR 407-045-0645, respectively.

Upon receipt of the attached form OTIS will assign either an adult abuse investigation case number or a death review case number that will be provided to the sender, and the assigned CDDP abuse investigation specialist listed on the submitted form if they are not the sender.

Reason for action: The Department's Office of DD Services online SERT system will be taken offline by 12/31/2019. Most local CDDP offices will not have access to CAM {*Centralized Abuse Management System*} by this date to generate abuse reporting and investigations in this new system, as full implementation of CAM is expected by May 2020.

Please note: The dedicated email box is intended to only receive the investigation assignment forms and will not be staffed to answer questions concerning reviews, screenings or investigations. These questions need to be directed to your OTIS Abuse Investigation Coordinator.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s): Seantel Heisel	
Phone: 503-945-9495	Fax: 503-945-9893
Email: SEANTEL.L.HEISEL@dhsosha.state.or.us	

CDDP Investigation/Death Review Assignment Form for *Select* County

Client Information					
Prime Number:	Enter prime	DOB:	Enter DOB	Gender:	Select gender
Last Name:	Enter last name	First Name:	Enter first name		

Incident Information			
Incident Type: <input type="checkbox"/> Abuse Investigation <input type="checkbox"/> Death Review			
Incident/Death Date:	Enter incident date	Date Incident/Death Reported to County:	Enter report to county date
Estimated Incident/Death Date?	<input type="checkbox"/>		
Provider at Time of Incident/Death:	Enter provider name		
Site:	Enter site name		
Service person was receiving when incident/death occurred:	Enter service element number		
Address of Incident/death: Unknown? <input type="checkbox"/>	Street: Enter street address		
	City: Enter city name		
Abuse Type(s):	Select case type		
Description of Incident: Provide description of incident			
Referred To: (check all that apply)			
<input type="checkbox"/> County Investigation Unit		<input type="checkbox"/> District Attorney	
<input type="checkbox"/> Office of Training, Investigation and Safety		<input type="checkbox"/> Office of Developmental Disabilities	
<input type="checkbox"/> Police/LEA		<input type="checkbox"/> Child Welfare	
Contact/Case Information: Enter contact/case information			

Reporter Information			
Person Reporting:		Enter name	
Phone:	- -	Relationship to Alleged Victim/Deceased:	Enter relationship
Email:			

Additional Victim Information			
Address:	Enter address	Phone:	- -
Does Alleged Victim Have Guardian?	<input type="checkbox"/>	Has Guardian Been Notified?	<input type="checkbox"/>

ALL INFORMATION BELOW THIS LINE IS PUBLIC RECORD

Staff Taking Report:	Enter name	Date Assigned for Investigation:	Enter date
Investigator's Name:	Enter initials	County Report Number:	Enter number

Accused Person Information			
Last Name:	Enter last name	First Name:	Enter first name
Address:	Enter address	Phone:	- -

Securely email form to OTIS.CDDPInvestigate@dhsosha.state.or.us