SSA Intranet

ORANGE COUNTY SOCIAL SERVICES AGENCY
ADULT SERVICES
POLICY AND PROCEDURE MANUAL

Program:	**Adult Protective Services**	**Number:**	SH 20.5.1
Subject:	**Emergency Shelter & In-Home Protection**	**Date:**	10/1/00
Approved:	Signature On File	**Replaces:**	
Reformatted:	8/4/09		

I. PURPOSE

The purpose of this procedure is to facilitate the appropriate provision of Emergency Shelter and In-Home Protection services to Adult Protective Services (APS) clients, and to ensure timely and accurate processing of payment requests.

II. POLICY

Emergency shelter or in-home protection may be provided on a temporary basis to dependent adults and elders. When determining the need for emergency shelter or in-home protection, the county APS worker shall give priority to providing in-home protection rather than removing the victim from his/her home, when consistent with the elder or dependent adult's health and safety needs.

The client’s payment resources will be explored prior to selecting a provider. Resources include, but are not limited to, the client’s funds, Supplemental Security Income (SSI), Medi-Cal, and the client’s health plan, each of which may pay for certain services. APS emergency shelter funds may be used if no other options are available. The form of payment will be arranged with the provider prior to the commencement of services.

Examples of an appropriate temporary emergency shelter include, but are not limited to: a home or dwelling belonging to a member of the elder or dependent adult’s family, a hotel or motel, an adult residential care facility or residential care facility for the elderly that is licensed by the State of California, a 24-hour health facility, such as skilled nursing facilities, intermediate care facilities, acute care hospitals, acute care psychiatric hospitals and chemical dependency recovery hospitals.

Examples of appropriate in-home protection include, but are not limited to: an agreement with a relative, friend, neighbor or private agency to provide the client with protective supervision, domestic services, personal assistance and/or paramedical care.

OCSSA

III. PROCEDURE

A. Social Worker

1. Determine that the client is in need of emergency shelter placement or in-home protection.
2. Consult with a supervisor, as needed, to confirm appropriateness of emergency shelter placement or in-home protection.
3. Consider the client's needs when selecting a provider, such as: health-related conditions, safety needs, medical needs, medications, dietary needs, or psychological care.
4. Explore the client's payment resources prior to selecting a provider for the needed service. The client may possess the necessary funds to pay for the service. He/she may be eligible for coverage through Supplemental Security Income (SSI), Medi-Cal, or a private health plan. APS emergency shelter funds may be used if no other options are available.
5. Select an out-of-home care facility or an in-home care provider who is able to provide necessary services to the client. Verify the form of payment with the provider prior to the commencement of services. The social worker may request that a supervisor or a Registry worker consult with them regarding difficult situations. See Attachments A and B.
6. Be present at the time of admission and stay with the client until he/she is familiar with his/her new surroundings or until facility staff have cleared the individual for the emergency placement.
7. Develop a plan with the client to move him/her home when the danger at home has been resolved, or to an appropriate placement.

Use of Emergency Shelter Funds

8. Consult with a supervisor to receive authorization prior to use of emergency shelter funds. This consultation is mandatory and may take place either face to face or over the telephone. After Hours social workers may approve use of emergency shelter funds, pending supervisory authorization the following business day.
9. Give preference to those facilities that have an Emergency Shelter contract with the Social Services Agency (SSA). 10. Complete the appropriate Emergency Shelter Agreement (F063-43-25) or In-Home Services Agreement (F063-43-09). Review the provider's copy with the provider. Place a copy in the case record. See Forms, SH 20.8.
11. Complete the "For APS Staff Use Only" section of the Emergency Shelter/In-Home Services Payment Request form (F063-43-4) no later than the next working day. The social worker and supervisor authorizing the use of Emergency Shelter funds must sign the form. See Forms, SH 20.8.
12. Route the form to the designated Office Technician.
13. Deliver any paperwork received from providers to the designated Office Technician as soon as possible.
14. When the completed Emergency Shelter/In-Home Services Payment Request form is received from the designated Office Technician, verify the accuracy of services provided and initial the form to indicate payment approval. Return the approved form to the designated Office Technician.
15. Refer any questions from providers regarding payment to the Emergency Shelter Coordinator.

B. Supervisor

1. Consult with the social worker, as needed, to determine appropriateness of emergency shelter placement or in-home protection. **This consultation is mandatory** if the use of Emergency Shelter funds is being authorized.
2. Review the Emergency Shelter/In-Home Services Payment Request form (F063-43-4) for accuracy and sign. See Forms, SH 20.8.

C. Office Technician

1. Record the pertinent information from the Emergency Shelter/In-Home Services Payment Request form (F063-43-4) on the appropriate Emergency Shelter Funds log located on the (O:) drive. See Forms, SH 20.8.

a. Board and Care Log fields to be completed: Request to Board & Care Date, APS Social Worker, Client Name, Provider Name, Daily Rate Authorized And Number of Days Authorized.

b. In-Home Care Log fields to be completed: Request to In-Home Care Agency Date, APS Social Worker, Client Name, Provider Name, Hourly Rate Authorized and Number of Hours Authorized.

c. Skilled Nursing Facility Log fields to be completed: Request to Skilled Nursing Facility Date, APS Social Worker, Client Name, Provider Name, Daily Rate Authorized and Number of Days Authorized.

2. Verify that the Rate of Pay amount does not exceed the maximum amount for the current year. If the amount exceeds the maximum amount for the current year, return the form to the social worker for clarification. See Attachment A.
3. Place a copy of the form in the case record and in an Emergency Shelter- Pending Payments file.
4. Mail the form to the provider for completion of the "For Provider Use Only" section.
5. Refer questions regarding the Emergency Shelter/In-Home Services Payment Request form to the Emergency Shelter Coordinator.
6. Review the Emergency Shelter/In-Home Services Payment Request form for completeness and accuracy, when returned by the provider.
7. Take the completed, signed form to the currently assigned Social Worker for verification of the services provided.
8. Complete the "For Office Technician Use Only" section on the form when it is returned by the Social Worker.
9. Destroy the copy of the form in the Emergency Shelter – Pending Payments file.
10. Place a copy of the completed form in the case record.
11. Route the form to the Emergency Shelter Coordinator.

IV. REFERENCES

Health and Safety Code sections 1250, 1250.1 and 1250.3
California Department of Social Services (CDSS) All County Letter 99-53, August 12, 1999
Welfare and Institutions Code (WIC) section 15763

OCSSA