



INTERIM COMMISSIONER
Jon Weizenbaum

October 19, 2012

To: Home and Community-based Services Providers
Texas Home Living Providers

Subject: Information Letter No. 12-81
Notification of Investigation Finding by the Texas Department of Family and Protective Services

HCS

The purpose of this letter is to remind Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers of their responsibility to provide information to alleged victims of abuse, neglect or exploitation or their legally authorized representatives (LARs) and service coordinators.

The Texas Department of Aging and Disability Services (DADS) rule at Texas Administration Code, Title 40, Part 1, Chapter 9, Section 9.178(n) requires that, no later than five calendar days after an HCS program provider receives an investigation report from the Texas Department of Family and Protective Services (DFPS), the program provider must:

1. notify an alleged victim or LAR and the service coordinator of:
 - the investigation finding; and
 - the corrective action taken by the program provider in response to the DFPS investigation; and
2. notify the alleged victim or LAR of:
 - the process to appeal the investigation finding; and
 - the process for requesting a copy of the investigative report from the program provider.

TxHmL

DADS rule at 40 TAC Section 9.580(h) requires that, no later than five calendar days from the TxHmL program provider's receipt of the DFPS investigation finding, the program provider must notify the alleged victim or LAR of:

- the investigation finding;
- the corrective action taken by the program provider if DFPS confirms that abuse, neglect, or exploitation occurred;
- the process to appeal the investigation finding; and
- the process for requesting a copy of the investigative report from the program provider.

Attached is a suggested form letter you may use to inform the alleged victim or LAR of the information required by the DADS rules described above. The sample letter is DADS form 8608 Sample Letter: Notification of DFPS Findings and can be found at:

<http://www.dads.state.tx.us/forms/8608/>

Information Letter No. 12-81
October 19, 2012
Page 2

Failure by a HCS or TxHmL program provider to notify the alleged victim or LAR and the service coordinator, as required, may result in the provider being found out of compliance with 40 TAC Section 9.178(n) or 40 TAC Section 9.580(h).

If you have any questions regarding the information in this letter, please contact the DADS Regulatory Services, Waiver Survey and Certification unit at (512) 438-4163 or waiversurvey.certification@dads.state.tx.us.

Sincerely,

[signature on file]

Veronda L. Durden
Assistant Commissioner
Regulatory Services

Attachment

[Enter date]

[Enter name]

[Enter street address]

[Enter city, state, ZIP code]

[Enter salutation],

The allegation of abuse/neglect we notified you about on [enter date contacted] has been investigated by the Texas Department of Family and Protective Services (DFPS) and is now complete. The finding of the investigation was [enter finding (confirmed, unconfirmed, inconclusive or unfounded)].

In response to the DFPS finding, [enter name of provider] has taken the following action:

[enter action]

It is your right to receive a copy of the investigative report. If you wish to have a copy, write to [enter name and address] or call [enter name/title] at [enter phone number].

It is also your right to appeal the investigative report finding. If you want to appeal, you must do so within 60 days of [enter date of investigator signature] by writing **or** calling:

Director of Adult Protective Services
Texas Department of Family and Protective Services
P.O. Box 149030, Mail Code E-561
Austin, TX 78714-9030
Phone: 1-888-778-4766

If you want help obtaining a copy of the report or appealing the decision, please call [enter name/title] at [enter phone number].

We often identify opportunities to improve the care and treatment we provide through allegations of this kind. If you have any questions or concerns about the issues raised in this report, please don't hesitate to call [enter name/title] at [enter phone number].

Sincerely,

[enter signature of CEO, Director, Superintendent, or Client Rights Officer]