Module VI. Implementing Transitional Living Services

Transitional Living Services

Transitional Living Services (TLS) are in-home training and support services designed to prevent and/or minimize chronic disabilities while restoring the individual to the optimal level of physical, cognitive, and behavioral functions within the context of the person, family, and the community. TLS are required under the HCBS/HI waiver. The primary purpose of TLS are to provide community-based services for individuals who have sustained a head injury who would otherwise require institutionalization in a head injury rehabilitation facility.

People with disabilities who move from an institution to a non-medical community setting are frequently unprepared for the differences and often lack the skills necessary to live independently. For a person who has a head injury and is accustomed to having support from hospital staff or family members, moving into their own apartment or into a family living situation in the community takes a great deal of adjustment. The individual will need to assume more responsibility in their daily activities to make a successful adjustment to independent living. **This service is designed to teach a person with a head injury how to become more self-sufficient by the application of skills in the following curriculum areas: household management, disability and social adjustment, problem-solving, functional communication, self-management, and community living.** Training is to be provided in the person's home by trained specialist. Training and supports are expected to decrease as a person's skills increase.

Requirements

Transition Living Services are provided by a Transitional Living Skills (TLS) Specialist who evaluates the ability of a person with a head injury to manage basic needs and provide training to develop skills in the following areas: personal hygiene, scheduling of personal care and attendant management when appropriate, household skills training, and resource acquisition. TLS are provided so individuals with brain injuries can learn strategies to deal with cognitive, physical and/or behavioral deficits.

The term "Transitional Living Services" encompasses the following types of activities designed to assist individuals to access resources and maintain their highest level of independence and self-sufficiency:

1. Individual assessment;
2. Disability awareness training;

3. Intensive Training; and
4. Ongoing monitoring of the recipient's performance in the home by a TLS Specialist as determined by the plan of care.

The term "individualized assessment" means a comprehensive evaluation of a person's skills that are essential to maintaining themselves in a community placement which includes:

1. Independent Living Evaluation
   a. Management of Basic Needs
      1) Personal hygiene
      2) Scheduling and management of attendant care
   b. Health and Safety
      1) Management of medications and medical needs
      2) Emergency first aid
      3) Medical consumer training

2. Home Management
   a. Housekeeping
   b. Laundry and clothing care
   c. Nutrition/meal preparation
   d. Shopping
   e. Safety procedures

3. Management of adult living skills
   a. Mobility/transportation
   b. Cognitive/intellectual
   c. Personal/social behavior skills

The term "transitional skills training" follows a model in which individuals practice necessary behaviors in real-life situations. Training should encompass activities designed to assist individuals to develop skills in the effective use of community living skills training, personal social adjustment, resource acquisition, and recreation/socialization skills.

An assessment must be completed by the TLS Specialist. The plan of care, which is developed by the case manager, determines the number of hours per week the person receives TLS training. The assessment will determine where to begin training in each of the areas of need identified. A specific transitional living plan should be developed by the TLS Specialist after the assessment to outline what training will occurs within the hours design on the plan of care. Assessment should not take over thirty (30) days.

Training, which is provided by the TLS Specialist, follows completion of the assessment. Most training will occur one-on-one with the person with the brain injury, however, the TLS Specialist may provide training to up to three (3) individuals at the same time; for example, in cooking a meal, three (3) people may get together to prepare a meal with a TLS Specialist providing training.

Training may occur up to four (4) hours daily.

Limitations
Transitional services are to be based on a plan of care to be provided in the person's residence or in the setting where the skills should naturally occur. Training may be offered up to seven (7) days per week. Fees are based on an hourly rate.

All individuals receiving services under the waiver will be required to receive TLS. The number of days service is delivered will be determined by the screening and will be included on the plan of care.

Family members will not be reimbursed for providing this service. Family members include, but are not limited to, parents, spouses, aunts, uncles, brothers, sisters, first cousins, and any step-family relationships.

The TLS Specialist as Teacher

The TLS Specialist is quite simply a teacher, motivator, and coach. It is the duty of the TLS Specialist to help the person develop goals and activities that best suit them and will aid them in reaching their ultimate goal of independence and transition back into their community.

A key to assisting the person to transition back into the community is helping them access community resources. This may be a variety of things, based on the person's goals. Do they want to move out of their parent's home into their own apartment? Then the TLS Specialist would assist them in applying for apartments (possibly public housing, depending on their budget). Determining a budget before moving will help the person know what they can afford if they are on a fixed income such as SSI. Can the individual no longer drive? Then the TLS Specialist would help them to access public transportation such as buses and taxi cabs. Or perhaps the person could purchase a bicycle to get around in a quicker fashion. Do they have problems with balance and coordination? A three-wheeled bicycle might be the answer. The bottom line is that the TLS Specialist must take the person's goals, and help them to find the options that are available to them to meet those goals.

Making Accommodations

Webster's definition of accommodate is "to make fit or suitable; adapt or adjust; to provide with something needed." Webster defines the word compensate as "to counterbalance; offset; repay or satisfy." Disability literature and the Americans with Disabilities Act use the term accommodate when referring to environmental structures that need to be changed to allow equal access– for example, building a ramp to get into a building. The brain injury literature uses the word compensate when referring to strategies a person may use to make up for memory loss– for example using a day planner to write things down. People with brain injuries often need accommodations and compensation strategies to ameliorate challenges after brain injury. Both terms are used when describing how each challenge can be addressed.

Everyone uses compensation techniques and strategies in their daily lives. Some people use

calendars to remember appointments, lists to remember tasks, reminder notes, or a combination of these. Compensation strategies are the same common sense, functional necessities for persons after acquiring a brain injury.

The following is a list of items and actions that may be useful for people with brain injuries:

- Frequent rest breaks may be helpful to prevent or deal with frustration and/or fatigue.
- Keeping surroundings relatively simple. Too much, too fast, too soon may lead to confusion.
- Accepting setbacks, as they are a normal part of life. A sense of humor may help relieve stress.
- Writing things down. Lists, journals, notebooks and any other written format can work quite well.
- Taking photographs of things to remember by sight. For example, if someone needs to remember which bus stop to get off at to get to work, take pictures of each stop on the bus route, and ask them to flip through the photos at each stop until they recognize the one they want to get off at.
- Using a small, hand-held recording device for audible reminders.
- Carrying an identification card may help out in situations where the symptoms of brain injury are mistaken for intoxication, drug use, or other similarly expressed conditions (including mental illness since disorientation in certain situations is stressful).
- Pill boxes/organizers can assist in medication management.
- Using timers or alarms when necessary. Alarm clocks that automatically reset themselves for the next day can be helpful. Wrist watch alarms can be very helpful, too.
- Keeping a daily schedule. This may establish routines and help make life predictable.
- Getting to know what provides a sense of familiarity, predictability, control and security. Letting others know is also important.
- Using wall charts, reminder notes, labels, calendars, notebooks, and journals.
- Having defined goals.

Learning to accommodate for a disability, and being flexible about changing those accommodations as time goes on and needs change, can really help a person adapt. The presence and positive regard of concerned people who support the person as he or she is and who help accommodate change as it occurs can also be crucial.

Accommodating Physical Changes

There are various ways to accommodate for physical challenges afer brain injury. For control and coordination of the body a person may choose to use a cane or receive physical therapy. Walking in a swimming pool is one way to build up control and coordination. For accommodating fatigue or low stamina, planning more sleep or frequent breaks as an ongoing part of any day may be important. A person may also take on tasks of shorter duration, or divide a larger task into “chunks,” taking a short break between each sub-task.

Many prosthetic devices are available for people with physical disabilities. The balance, stamina and fatigue challenges resulting from brain injury have other accommodations as well. For example, workouts at a fitness center can often help people build endurance.

There are medications a person can use to control seizures. Consulting with a physician along with trial and error can often help. Recently, support dogs have been trained to sense a seizure coming on. By alerting the person to an impending seizure, the support dog can help the person sit or lie down to avoid being hurt. This could be of great use for individuals who do not sense their seizures coming on, but don't want people with them all of the time.

For those who consume alcohol and drugs and want to stop, there are avenues for help. Alcoholics Anonymous meetings and other 12-step programs can be very helpful. "Working a program" can be done by applying the accommodations for memory and carry-through that are needed with any other activities. Treatment centers and hospitals cannot discriminate on the basis of disability, and with some education such programs may be of great use.

Accommodating Cognitive Changes

The first way to accommodate learning and memory challenges is to learn whether a person learns and remembers better by hearing information or seeing information or a combination of each. Once the modality has been determined, strategies can be implemented. A tape recorder, writing things down, using timers, using a watch with an alarm on it and other common sense strategies can be very useful in everyday independent living.

There are several ways to assist with judgment and perceptual problems. The first step is to begin a routine system of assisting someone to break down information into steps which allow for assessing exactly what is going on. Once the information is broken down, a process of reviewing the information with the person to check their perception can be important. The use of videotaping and immediate feedback in situations when judgment and perception can be faulty is important.

Compensating for challenges in initiation and planning is an ongoing process. Often a person's needs change from one day to the next. Structure sheets that a person makes up for an entire week can help in knowing what needs to be done. If a person tends to lose track of what is going on, writing down a task as a person works on it at home will help him or her know what comes next. Writing out the steps of an event and checking off each step as it is completed can also help.

There are many ways to accommodate communication challenges. One of the first techniques may be to begin a routine of direct feedback. For example, with the person's permission, you may begin to stop a person as he or she starts on a tangent, refocusing the person back to the topic. With practice and a good cuing system the person may be able to start to self monitor such tangents. A second technique is to role play with a person about body language. If a person is talking excessively, chances are the other person they are talking to is indicating this with a reactive body language. Role playing with someone so they start recognizing cues such as someone looking at their watch repeatedly can be important. The techniques of direct feedback and learning the cures from the environment may assist with other aspects of communication as well.

Accommodations for problem solving may include a number of options. First, it is important to know what is actually interfering with the ability to problem solve. Is it an inability to judge the consequences, an inability to develop strategies when things change unexpectedly, or an inability to

consider a range of options? It can help to develop a consistent problem-solving method a person may use. An acronym may help. For example, using the word S-O-L-V-E a person could use the same steps with each problem encountered.

S - State the problem;
O - Options for resources;
L - List the pros and cons of each option;
V - Verify the availability of each option;
E - Employ the option that best solves the problem.

Any number of acronyms can be developed. Short acronyms that are easier to remember are often the most useful.

Accommodating Behavioral Changes

The first step in self injurious behavior or behavior that is hurtful to others is to have a full medical evaluation by a physician familiar with brain injury. It is important to rule out any structural changes in the brain as well as any possible complications from medication. Once all of the medical aspects have been covered, it is important to look at the person's environment to find out if that is a contributing factor. There are many other questions to ask to ensure positive behavioral supports. It may be helpful to consult with someone who has successfully supported someone through this in the past.

Accommodating Emotional Changes

Just as a person can accommodate a physical disability, it is possible for a person to accommodate an emotional reaction. The first step is to develop an awareness of the ways in which a person's emotional reactions may have changed. A person who is aware of exaggerated responses that lead to overreactions or under reactions can sometimes choose to change those reactions. Alternatively, he or she may be able to find ways to help others understand the reactions. For example, if Sherry is concerned that her reactions are exaggerated, she might write down her reactions and the events leading up to them. She can then consider how she might prefer to react and then practice the new reactions. Conversely, she might decide that she does not have control over her reactions. Since they can interfere with something she needs to accomplish, she may choose to let people know that the reaction is part of her disability.

Some people with brain injuries may not be aware of their reactions. In this situation a person may request that someone he or she trust provides feedback about the appropriateness of his or her reactions. From there the person can work on expressing different reactions to similar events, increasing his/her awareness of these reactions.

Suggestions for Working Effectively with a Person who has a Brain Injury

- Give clear, concise directions.
- Follow-up all spoken communications (phone calls, dialogues, etc.) with written communication to assist a person who may have memory support needs (i.e., directions, appointment times, etc.).
- Repeat statements that the individual has told you are unclear or unintelligible.
- Decrease distractions in the room (i.e., phone calls, interruptions, etc.).

Using Assistive Technology

Assistive technology is a special device or devices which assist in the performance of self-care, work or play/leisure activities or physical exercise. It can be high-tech, purchased from stores or speciality shops, or very low-tech and homemade. The Internet has a plethora of information on assistive devices. As a TLS Specialist, it is important that you look for ways that accommodations could assist the person with daily tasks that they can no longer complete as they once did, due to their injury.

The TLS Specialist and the person with a brain injury should work together to identify what type of assistance may be needed. The TLS Specialist can then assist the person by finding the device(s) available to meet those needs. There are organizations available that will lend equipment to an individual to tryout. If the person reaches the desired outcome by using the device, then the next step for the TLS Specialist would be to work with the case manager to obtain the device.

There are numerous helpful devices available to the person with a brain injury. For example, a person who cannot remember telephone numbers and often misplaces their phonebook may try using a 12 picture- memory button phone. Photos or graphics that show the twelve of the most frequent places the person calls (i.e., mother, doctor, taxi, friends, apartment manager, 911) were put into the picture-memory phone so the individual was able to make calls without needing to remember numbers or locate his phonebook.

Electronic Aids to Daily Living are also becoming increasingly useful. Many objects that need to be manipulated by the individual that are electrically powered such as TVs, ceiling fans, and lights, can be modified by having their on/off switches replaced with a specialized electronic control. These are often referred to as environmental control units.

Assistive Technology is everywhere! Consider these ideas:

- a fanny pack as an assistive device for a person who uses a walker or wheelchair;
- a vibrating watch to let the person know when it is time to take their medicine;
- a switch to put on an electric stove that has a sensor that cuts power if pressure is released from a burner;
- poster board in the bathroom to remind an individual to brush their teeth and take out the garbage;
- computer software and games that can be used for education and/or memory exercises.

Never say can't. If there is a will, then there is a way.

Two good sources for assistive technology, including a "try before you buy" program, are listed below:

Assistive Technology for Kansans

The Assistive Technology for Kansans (ATK) Project helps persons with disabilities find ways to live and work as independently as possible through the use of assistive devices and services. The primary mission of the project is to engage in activities that are designed to result in laws, regulations, policies, practices, or organizational structures that promote responsive programs that

increase access to assistive technology devices and services.

The Project has the following components:
- try before you buy Interagency Equipment Loan System;
- a policy and funding analysis with an effective grassroots coalition of people with disabilities responding to legislative and policy barriers;
- an annual statewide assistive technology conference with a large vendor exhibit hall, hands-on assistive technology lab, and speakers addressing systems change issues for our state;
- a contract with Kansas Advocacy and Protective Services (KAPS) to address barriers to acquisition and use of assistive technology, and
- five regional Assistive Technology Access Sites.

Contact Information:
1-800 KAN DO IT (1-800-526-3648)
http://www.atk.lsi.ukans.edu

ATK Interagency Equipment Loan System
Kathy Reed
P.O. Box 1160
1710 W. Schilling Rd.
Salina, KS 67401
V/TTD: (785) 827-9383
E-mail: kreed@occk.com

ABLEDATA
ABLEDATA is a federally funded project whose primary mission is to provide information on assistive technology and rehabilitation equipment available from domestic and international sources to people with disabilities, organizations, professionals, and caregivers within the United States.

The ABLEDATA database contains information on more than 29,000 assistive technology products (over 19,000 of which are currently available), from white canes to voice output programs. The database contains detailed descriptions of each product including price and company information. The database also contains information on non-commercial prototypes, customized and one-of-a-kind products, and do-it-yourself designs. To select devices most appropriate to your needs, we suggest combining ABLEDATA information with professional

Contact Information:
ABLEDATA
8630 Fenton Street, Suite 930
Silver Spring, MD 20910
Voice/TTY: (301) 608-8912
1-800-227-0216
Web Page: http://www.abledata.com

Communicating with the Case Manager

As a TLS Specialist, it is imperative that you communicate with the person's case manager on a regular basis. Case manager's should be kept aware of such things as physical complaints, emotional and behavioral problems, as well as successful strategies you have found to implement a goal and any improvement you see in the person's daily functioning.

One helpful suggestion to improve communication between the individual and the parties involved in their transition plan is to keep a "communication book" at the person's home. Significant events can be logged in this book and read by visitors such as family members, the case manager, therapists, attendants and other TLS Specialists. In this way, everyone can be aware of the person's needs and achievements, since the person may not be able to share this with their network of providers and family members due to cognitive or speech-related issues. It is also a helpful tool for the person to use to review what they have done. It is, however, extremely important that anything that is written in the book be appropriate information to share with others and is approved by the person with a brain injury.

Documentation

Documentation is the who, what, when, where, why, and how of an individual's case file. It should be legible, accurate, and completed in a timely manner. It is your responsibility to document what you do with the person and communicate this information to the case manager. Documentation is your case file. It shows the progress of the person in reaching their goals. The document may be used in any appeal. It will tell the hearing officer what you did or did not do.

What Should I Document?

- Facts and any data about the person with a brain injury
- What services you provided to the person
- Date and time of visit
- Any progress the person is making (or a lack of progress if applicable)
- Changes in the person's condition
- How did the person respond to therapy that day
- Why you provided the services you provided
- Any responses the person may have made
- The person's satisfaction

Why Should I Document this Information?

- It provides facts and data
- It is an organizational and monitoring tool
- It can be used to review what has happened and when
- It can be used to identify problems
- It helps to re-evaluate the goals and services the person is receiving
- It can help others in assisting the person or when transferring a case file
- It is required to meet Medicaid standards

**When a service is not documented or documentation is not legible or complete, services will not be reimbursed. In the case of a post-payment review, reimbursement may be recouped if documentation is not complete.*

Progress Notes

The purpose of keeping progress notes is to document goal-directed actions taken by person with a brain injury and staff.

Tips for progress notes:
- State the goal you worked on
- Avoid buzzwords and jargon
- Show progress–use comparisons when available
- Tell what you actually did and why
- Always account for the amount of time you spent with the person
- Never share your personal opinion or commentary. Just the facts, ma'am!

Example:
Joe's goals are to continue on his drug and alcohol recovery program, be able to get around town, and make friends. You take him to an AA meeting and then shoot pool at the local pool hall.

Your progress notes *could* read: We went to AA and then to shoot pool. However, a clear, concise, inclusive progress note would read something more like this:

Joe worked toward his goal of successfully completing a recovery program by attending an AA meeting today. He remembered the meeting on his own by looking at his wall calendar. We also practiced riding the bus to the pool hall where Joe would like to be able to go several times a week. Joe needed to be reminded to pull the bell for his upcoming stop. He was able to remember this step on his own last week. Joe also met two people at the pool hall and got their phone numbers. We discussed the importance of following up and maintaining contact, and wrote the numbers down in his address book when we returned home. We spent a total of three hours working on these goals.

Each agency that provides TLS has its own form on which documentation/progress notes are recorded. The agency will give instructions on how to complete their specific form.

Adult Protective Services

A TLS Specialist is mandated by law to report any suspected abuse of a person with a brain injury (or anyone who is considered "vulnerable"). A division of SRS, Adult Protective Services (APS) is a state entity that investigates allegations of abuse. The following is detailed information about APS, as well as information on what abuse *is* and *is not*, and what things a mandated reporter should look for and report.

APS staff work with other community agencies to assist vulnerable adults who may be unable to protect themselves from harm. Those who are at risk of harm include adults age 18 and above, who have physical, emotional, or mental impairments that limit their ability to manage their personal, home, or financial affairs. These elderly and/or adults with disabilities may live alone, with family, or in a community caregiving living arrangement. Those who are most frail, dependent, and socially isolated are most at risk. "Abuse, neglect, and exploitation" are terms describing a wide range of potentially harmful situations. They can result from intentional or unintentional actions by a caregiver, friend or relative, as well as the elderly or disabled adult themselves.

Examples include:

- individuals about to have their electricity shut off because they forgot to pay the bill;
- individuals with disabilities who are being cared for by a friend or relative, and are not receiving adequate food, clothing, or necessary medical care;
- elderly people who refuse needed medical care despite urging from friends;
- an elderly woman whose children "borrow" money from her while she lives in a cold house to save money;
- a person who has become disoriented, home delivered meal remnants pile up and spoil, and grime and dirt are evident throughout the house; or
- an elderly parent who lives with their adult child and has been observed at a Senior Center with questionable bruises.

Adult Protective Services Social Workers investigate reports and provide protective services to adults, with their consent, who reside in the community, adults residing in facilities licensed/certified by Social and Rehabilitation Services, and to adults residing in adult care homes and other facilities licensed by the Kansas Department of Health and Environment. Emergency Support Services, Guardianship and Conservatorship services are also available.

APS Definitions

Adult- individuals age 18 or older who are alleged to be unable to protect their own interests and who are harmed or threatened with harm through action or inaction by either another individual or themselves.

Abuse- any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect- failure or omission by oneself, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation- misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources.

Fiduciary Abuse- occurs when any person who is the caretaker of, or who stands in a position of trust to an adult, takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.

Who Should Report?

The Kansas statute (K.S.A. 39-1431) requires the following persons to report suspected abuse, neglect, exploitation or fiduciary abuse immediately:

- any person licensed to practice any branch of the healing arts
- a licensed psychologist
- a licensed master level psychologist
- the chief administrative officer of a medical care facility
- a licensed social worker
- a licensed professional nurse
- a licensed dentist
- a licensed practical nurse
- a law enforcement officer
- a teacher
- a case manager
- guardian or conservator
- bank trust officer
- rehabilitation counselor
- holder of power of attorney
- an owner or operator of a residential care facility
- an independent living counselor
- a chief administrative officer of a licensed home health agency
- a chief administrative officer of an adult family home a chief administrative officer of a provider of community services and affiliates thereof operated or funded by the Department of Social and Rehabilitation Services or licensed under K.S.A. 7503307b.

It is a class B misdemeanor for a mandatory reporter to knowingly fail to report if they suspect a vulnerable adult is being neglected, abused, or exploited. Any other person who suspects or believes abuse, neglect or exploitation may also report.

Immunity of Reporter

Persons who report, participate in any follow-up activity or who testify in any administrative or judicial proceeding as a result of the report are immune to any civil or criminal liability unless the reporter made a malicious report. The statute prohibits an employer from imposing sanctions on an employee for making a report or cooperating with an investigation.

Confidentiality of Reporter

The name of the reporter or any person mentioned in the report will not be disclosed without the reporter's permission in writing, or through court order.

How to Report
Telephone the local Social and Rehabilitation Services (SRS) office or call the APS toll-free hotline at 1-800-922-5330. The hotline is staffed twenty-four hours a day, seven days a week. The statute also makes provision for reports to be made to law enforcement when SRS offices are closed. Law enforcement should submit the report and appropriate information to SRS on the first working day that SRS is open.

What to Report
Name and address of the person who is reported to be abused, neglected or exploited; name of the reporter and how to contact him/her; any information which the reporter believes might be helpful in the investigation and protection of the alleged victim. This includes specific addresses, telephone numbers and directions to the home(s) of relatives, caretakers, the alleged perpetrators, other collaterals. Risk factors to the alleged victim or social worker.

Information regarding the nature and extent of the abuse, neglect, exploitation, such as what the reporter saw, why the reporter considers it to be abuse, neglect or exploitation, and does the reporter believe the alleged victim is in immediate danger.

Report Suspected Abuse, Neglect, Exploitation or Fiduciary Abuse to SRS When:
- the adult is in a harmful situation or is in danger of being harmed.
- the adult is unable to protect him/herself.
- a specific incident or pattern of incidents suggests abuse, neglect or exploitation.
- the adult us unable to provide for or obtain the services necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

What APS Will Do When a Report Is Received
Initiate a personal visit with the adult within 24 hours to five working days depending on the risk of imminent danger to the individual.
- With the consent of the adult, interview the alleged perpetrator if one has been named.
- Interview collaterals when appropriate (service providers, relatives, neighbors, etc.).
- Discuss with the adult, guardian, conservator, and/or caretaker what actions are needed and, with the adult's consent, develop service plans or corrective action plans with recommendations to prevent further harm.
- With the adult's consent, assist in locating services which are necessary to maintain physical or mental health: i.e., legal services, medical care, appropriate living arrangements, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from maltreatment, and transportation.
- Provide advocacy to assure protection of personal rights.

Statewide Registry of Confirmed Perpetrators of Adult Abuse, Neglect, Exploitation or Fiduciary Abuse
SRS maintain a statewide registry identifying, after due process, persons involved in confirmed cases of abuse, neglect, exploitation or fiduciary abuse of adults. The statute allows the following entities to access the registry for security checks for employment purposes: community developmental

disability organizations/affiliates, community mental health centers or mental health clinics, independent living agencies and home health agencies and individuals under the HCBS Program who are self-directing their personal assistance services, or have someone directing their services on their behalf.