



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

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PROTECTION AND PERMANENCY TRANSMITTAL LETTER, 24-02

TO: Service Region Administrators
Service Region Administrator Associates
Service Region Clinical Associates
Regional Program Specialists
Family Services Office Supervisors

FROM: Vanessa Hunter, Assistant Director
Division of Protection and Permanency

DATE: March 25, 2024

SUBJECT: SOP 19.3 Acceptance Criteria

The purpose of this transmittal letter is to notify staff of edits to the following SOP:

[SOP 19.3 Acceptance Criteria](#)

Significant changes have been made to the acceptance criteria for adult protective services investigations. These changes coincide with the introduction of the SDM® intake tool for adult protective services.

Language has been updated to bring the policy more in line with statutes and regulations.

If you have any questions regarding these SOP edits, you may refer to the [PPTL 24-02 Statement of Consideration for SOP 19.3](#).

If you have any questions regarding this transmittal letter, please contact:

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