Division of Aging Services

Adult Protective Services (APS)

2026-10-07

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5500 Adult Protective Services

	Department of Human Services Policy and Manual Management System	Index:	POL 5500
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Policy

The policy of the Department of Human Services is to protect the welfare of disabled adults and elder persons who are subject to abuse, neglect or exploitation. The Department does this by receiving and investigating reports of suspected abuse, neglect or exploitation of persons who are not residents of long-term care facilities and by providing protective services for adults who consent.

Authority

O.C.G.A. 30-5-1 thru 30-5-11 (Protection of Disabled Adults and Elder Persons)

References

Title XX of the Social Security Act, Social Services Block Grant O.C.G.A. 29-5-2 Guardians of Incapacitated Adults

Applicability

The Adult Protective Services Section within the Division of Aging Services fulfills the requirements of the above-stated DHS policy.

Definitions

Abuse is the willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement or the willful deprivation of essential services to a disabled adult or elder person.

Disabled adult is a person 18 years of age or older who is not a resident of a long-term care facility but is mentally or physically incapacitated.

Elder person is a person 65 years of age or older who is not a resident of a long-term care facility.

Exploitation is the illegal or improper use of a disabled adult or elder person or that person's resources for another's profit or gain.

Essential services are social, medical, psychiatric or legal services necessary to safeguard the person's rights and resources and to maintain the physical and mental well-being of such person. These services shall include, but are not limited to, the provision of medical care for physical and

mental health needs, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, and protection from health and safety hazards but do not include the taking into physical custody of a disabled adult or elder person without that person's consent.

Neglect is the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person.

Protective services are services necessary to protect a disabled adult or elder person from abuse, neglect or exploitation. Services include, but are not limited to, evaluation of need for services and mobilization of essential services on behalf of a disabled adult/elder person.

Sexual abuse is the coercion for the purpose of self-gratification by a guardian or other person supervising the welfare or having immediate charge, control, or custody of a disabled adult or elder person to engage in any of the following conduct:

- Lewd exhibition of the genitals or pubic area of any person;
- Flagellation or torture by or upon a person who is unclothed or partially unclothed;
- Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is unclothed or partially clothed unless physical restraint is medically indicated;
- Physical contact in an act of sexual stimulation or gratification with any person's unclothed genitals, pubic area, or buttocks or with a female's nude breasts;
- Defecation or urination for the purpose of sexual stimulation of the viewer; or
- Penetration of the vagina or rectum by any object except when done as part of a recognized medical or nursing procedure.

Responsibilities

The program administrator of the Adult Protective Service Program Section of the Division of Aging Services is responsible for the oversight of the development and update of requirements in the Adult Protective Services Manual, MAN5500.

History

This Policy was previously indexed as 3120; it was re-indexed when the Adult Protective Services Program was moved from the Division of Family and Children Services to the Division of Aging Services effective July 1, 2004.

Evaluation

The outcomes of this directive are evaluated by the regional supervisors and staff who review performance measures monthly to assess program results.

MAN 5500 Adult Protective Services Manual

	Department of Human Services **Policy and Manual Management System**	**Index:**	**MAN 5500**
		Effective Date:	**03/22/2024**
		Next Review Date:	**03/22/2026**

1000 Introduction and Purpose

1001 Adult Protective Services Overview

	Georgia Division of Aging Services **Adult Protective Services Manual**			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Adult Protective Services Overview	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	1001	**Previous Update:**	

Summary Statement

This *Adult Protective Services Policy Manual* includes requirements and procedures, based on statewide implementation of Georgia Law concerning Adult Protective Services.

In the case of emergencies (Natural Disasters, Pandemics, or unexpected or unforeseen conditions) Adult Protective Services policy and procedures may be modified and time-limited governance of direct services given during the critical period. Temporary Operating Procedures (TOP) will be communicated by Division of Aging (DAS) leadership and documented in Appendix I of Man 5600. TOP will be updated to meet the particular circumstances of the emergency.

Basic Considerations

A superior standard of practice depends upon an understanding of the authority and limitations under the state law, as well as sensitivity to the special needs and subtle issues that affect APS clients. The Georgia Department of Human Services, Division of Aging Services is responsible for Adult Protective Services in Georgia. Additionally, as the designated State Agency on Aging under the federal Older Americans Act (OAA), the Division of Aging Services is committed to elder abuse prevention in accordance with the OAA mandate for coordination with Adult Protective Services. Adult Protective Services is a public protective service agency as referred to in the OAA.

Adult Protective Services (APS) is designed to protect adults with disabilities (18 years of age and older) and elder persons (65 and older) who are unable to protect their own interests; who are harmed or threatened with harm through action or inaction by another; or who, through their own actions due to lack of knowledge, lack of required resources, poor health, physically or mentally impaired.

The purpose of Adult Protective Services is to investigate reports, on behalf of the Division Director, deter the ongoing maltreatment of adults with disabilities and elder persons and prevent its recurrence through the provision of protective services that may range from information and referral to petitioning the court for the appointment of a guardian. Adult Protective Services may petition for the appointment of a guardian if an individual appears to lack capacity and it is necessary for the protection of an adult. Under state law, Ongoing Protective Services may not be provided to any person who does not consent to such services or who, having consented, withdraws such consent.

Adult Protective Services are those services necessary to protect adults with disabilities and elder persons from abuse, neglect or exploitation. Such services shall include, but are not be limited to, evaluation of the need for services and mobilization of essential services on behalf of the adults with disabilities or elder persons.

Adult Protective Services are intended to:

- Reduce further deterioration in the client's situation;
- Protect the rights and resources of vulnerable adults;
- Reduce or remove the risks of threatened harm or danger;
- Enable adults to manage their own affairs to the extent possible; and
- Report to and collaborate with law enforcement.

Legal Basis and Funding

The Disabled Adults and Elder Persons Protection Act, O.C.G.A. §30-5-1 et seq., is the legal authority for Adult Protective Services, provided by the Department of Human Services, through its Division of Aging Services.

Adult Protective Services receives federal funds from Title XIX (Medicaid) and Title XX (Social Services Block Grant) as well as state funds through the DHS Division of Aging Services.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-1, et.seq.

1002 Responsibility, Functions and Duties of Adult Protective Services

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Responsibility, Functions and Duties of Adult Protective Services	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	1002	**Previous Update:**	

Summary Statement

A systematic process has been established to define the responsibilities, functions and duties of APS starting with the initial receipt of a report alleging abuse, neglect or exploitation (A/N/E) to the method of providing services.

Basic Considerations

The Georgia Department of Human Services, Division of Aging Services, Adult Protective Services is responsible for:

- Providing a mechanism by which reports of abuse, neglect, and exploitation of adults with disabilities and elder persons not living in long-term care facilities may be made;
- Receiving and investigating all reports in a timely and thorough manner;
- Assessing an adult's capacity to understand the situation and evaluating the degree of danger and continued risk present;
- Providing protective services to adults with disabilities and elder persons, directly or arranging for the services needed, to prevent or alleviate further maltreatment (abuse, neglect or exploitation);
- Honoring an individual's right to self-determination and using the least restrictive alternative in the provision of protective services;
- Maintaining records pertaining to Adult Protective Services;
- Coordinating with other agencies, conducting public awareness activities on the issues of adult and elder abuse; and maximizing community resources for APS clients;
- Coordinating and cooperating with the Area Agencies on Aging (AAA) and other agencies and services whose efforts are directed at protecting adults from A/N/E; and
- Petitioning for the appointment of a guardian and/or conservator or other court ordered services when there is risk to life and the client lacks decision-making capacity.

1003 Persons Eligible for Adult Protective Services

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Persons Eligible for Adult Protective Services	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	1003	**Previous Update:**	

Summary Statement

Adults with disabilities (age 18 and over) and elder persons (age 65 or older), present in Georgia, who are not residents of long-term care facilities (LTCFs), who are the subject of a report of adult abuse under the Disabled Adults and Elder Persons Protection Act (DAEPPA) O.C.G.A §30-5-1, et. seq.

Basic Considerations

Persons not in LTCFs

Each adult 'in need' of protective services that meets Adult Protective Services (APS) criteria is eligible for APS services.

Persons receive APS "without regard to income" (WRTI). The source and amount of a person's

income and/ or resources have no effect on eligibility for APS.

Verification of citizenship is not required for adult protective services pursuant to the U.S. Department of Justice, Attorney General Order 2353-2001 as referenced in the Georgia Security/Compliance Immigration Act, O.C.G.A. §50-36-1, et seq.

Persons in LTCFs

The Division of Aging Services works cooperatively with the Department of Community Health (DCH), Healthcare Facility Regulation and accepts for investigation reports of abuse, neglect and/or exploitation for persons in personal care homes or long-term care facilities when the alleged abuser is in the community and is not an employee/affiliated with the long term care facility. These reports will be accepted by APS Central Intake for investigation.

References

Division of Aging Services MAN 5500: Adult Protective Services Manual. Chapter 2000, Section 2002 Accepting APS Reports

Georgia Security/Compliance Immigration Act, O.C.G.A. §50-36-1, et seq.

1004 Guiding Principles in Adult Protective Services

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Guiding Principles in Adult Protective Services	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	1004	**Previous Update:**	

Summary Statement

Adult Protective Services is client focused, individualized, and based on the social work model of problem solving.

Basic Considerations

The following principles, values and beliefs outline APS philosophy regarding clients in Georgia and nationally.

These principles guide the practice and intervention by APS to protect the rights and wellbeing of with a disability and elder persons. These guiding principles must be well understood by APS practitioners to reinforce respect and the cooperative relationship that must exist between the client, case manager and community partners. APS practice calls for the APS case manager to frequently re-visit these guiding principles and take the time to interpret and educate others:

Each person/each case is unique

Each case will have a comprehensive investigation and assessment that is unique to the individual and his/her circumstances. Intervention efforts to ensure protection, reduce risk and help improve

a client's situation must be planned, purposeful and specific to the client's identified needs.

Autonomy

The right to autonomy is constitutionally guaranteed and has been reaffirmed by the courts. Autonomy means that the values and lifestyle of any adult takes precedence over community norms, agency policies and case manager concerns. The adult is the primary client and not the community or the family. Adults are free to live as they choose, no matter how contrary to the established norm or how self-destructive the individual's lifestyle, as long as the adult understands the consequences of his/her actions, and does not harm others. APS will advocate on the client's behalf in line with this commitment.

Self-Determination

In APS, vulnerable adults have the right to decide what is in their best interest and is in control of decision making. Further, adults have the right to refuse medical treatment without which they may die. Adults have the right to live according to a lifestyle others may find disagreeable, even harmful, without interference from others. Vulnerable adults have the right to refuse social services that case managers and/or others believe will improve quality of life.

APS clients should participate in defining their strengths, problem(s) and need(s), and should help decide the most appropriate outcome and course of action. APS case managers will solicit and encourage participation in case decisions to the extent of the vulnerable adult's capabilities.

Consent

Consent is required for on-going protective services and an adult is considered to be capable of making his/her own decisions unless the court has ruled otherwise.

The adult or court appointed guardian's consent is required for on-going APS services.

Every adult has the right to informed consent. This means they have the right to receive information about choices and options regarding their mental and physical health, living arrangements, financial assets, and their overall well-being. APS staff shall present information in a manner which the client can understand. Client's shall have an opportunity to ask questions and have those questions answered in a way that best meets the communication needs of the client. This includes but is not limited to interpreter services, translated documents and the use of terminology that is consistent with the client's education and intellectual level. Information should never be withheld from the client. The purpose of informed consent is to protect the adult's right to self-determination, to plan his/her own future, and to decide where and how he or she will live. This principle assumes that consent is fully and freely given after the adult has been made aware of all the information necessary to understand the implications of his/her consent.

Laws honor privacy by prohibiting unwarranted intrusions into a person's way of living and residence. Because APS services are, by their very nature, intrusive, ethical practice dictates that services be provided or altered only with the informed consent of the protected adult, and that this consent is given voluntarily, free of coercion or intimidation.

In Georgia, on-going APS services cannot be delivered to an adult without that person's consent. The only exception is when a court has ruled the individual 'incapacitated and in need of a court

appointed guardian'. Yet even when a guardian is appointed by the court, it is the guardian's responsibility to follow the wishes of the Person Under Guardianship to the degree they can be determined.

Refusing Services

The refusal of services that others believe are important is not an indication that the adult lacks capacity.

Competency should not be based on an assessment of the choices an individual makes. While others may believe the adult's decisions to be inappropriate or even wrong, this does not mean the client is incompetent.

Adults have the right to make bad, foolish and/or eccentric decisions. Adults have the right to accept or refuse treatment options others believe he/she needs, and adults have the right to accept or refuse services others think are in his/her best interest.

Personal priorities are private issues. Individual values guide the decisions of protective service clients regardless of age, disability or income status. APS respects the decisions of adults at risk. APS will advocate for the client's ability to exercise his/her right to make decisions even when choices may be different from what we, the community or family would choose or want for them.

Capacity

Each client is presumed to be "mentally competent". The assumption of capacity is honored unless deemed otherwise by the court. The incapacity of an adult cannot be legally determined by doctors or medical personnel, law enforcement, family members etc. without the due process of the court. The burden of proof that an individual lacks sufficient capacity to make informed decisions rests with those who believe that to be the case. This evidence would be brought to the probate court for the legal determination of capacity.

Substituted Judgement

If possible, when a client lacks capacity, APS shall use **Substituted Judgement** based on prior knowledge of the adults expressed wishes or preferences. This means that APS will make, and advocate for others to make, decisions for the client based on the decisions that the client would have made if they had capacity. The adult may have expressed their wishes with a family member, friend, medical professional or to the APS case manager. Preferences can also be gleaned from the adult's prior actions, religious affiliation or written records created by the adult.

If the client's expressed wished are unknown regarding their health, safety, living arrangements or finances APS shall act in their **Best Interest**. This means that decisions will be based on what a reasonable person would do after considering all the options and alternatives and their potential risk, side effects and dangers.

For example, if using **Substituted Judgement** a client who is in need of medical treatment that is in conflict with their religious practices would not be pressured to receive such treatment. On the other hand, when acting in the **Best Interest** of an adult, a reasonable action might be to defer to the advice of medical professional(s).

Least Restrictive Services

Services will be the least restrictive possible for the client; more intrusive interventions, such as guardianship, will be a last resort and will include due process.

When there is the need for social or legal intervention with an adult, the least restrictive alternative must be determined and pursued. This is the provision of services with the least possible intrusion into the life of the person. Any actions taken to protect adults must employ methods that guard against unnecessary infringement upon their personal liberty. Any APS social service intervention necessitates caution and restraint and must be limited to those areas where an individual is unable to care for or protect him or herself.

APS uses strategies that protect the individual while promoting personal autonomy to the fullest degree possible. This means finding methods that protect the individual while maximizing his/her freedom. For example, a vulnerable adult lives alone and manages his/her activities of daily living (i.e., cooking, cleaning, bathing) but allows bills to pile up. This adult lacks the capacity to manage his/her finances and retains the capacity to care for his/her basic needs. The least restrictive alternative in this case would be to find a representative payee rather than the appointment of a guardian.

Right to be Protected

An adult also has the right under the law to be protected when he or she is unable to protect him or herself by reason of physical or mental status.

Legal intervention may be indicated when an individual's actions constitute an imminent danger or threat to themselves or others.

It is important to seek the course of action that affords the needed protection while at the same time encroaches the least upon an individual's personal freedom.

Protective services can only be provided within the law, unless the individual consents to services.

Professional Boundaries

APS staff shall maintain a professional relationship with the clients, caretakers and community partners. Personal feelings shall be kept out of the case and shall not be discussed with anyone involved in the case.

This is especially true as it relates to the client / case manager relationship. While it is important to build rapport with the client and get to know them at a level that goes beyond the superficial, it is equally important to establish limits that allow for a safe connection. APS staff will be friendly, not friends, and will clearly communicate to the client the limits and responsibilities of the APS.

Confidentiality

The Adult Protective Services Program must protect the sensitive and confidentiality of information it obtains regarding Adult Protective Services cases. The confidentiality of records are protected. This includes protected healthcare information as described in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and follows all regulation as provided for under this act. Georgia law specifically protects the confidentiality of records. The Disabled Adults and Elder Per-

sons Protection Act states:

> "**All records** pertaining to the abuse, neglect or exploitation of disabled adults and elder persons **in the custody of the department** shall be confidential; and access thereto by persons other than the department, the director, or the district attorney shall only be by valid subpoena or order of any court of competent jurisdiction". (O.C.G.A § 30-5-7)

Confidentiality is holding in secret or in private information obtained about the client and his/her circumstances during professional service. Nothing which could cause embarrassment or other personal damage should be revealed to a third party without the client's informed consent.

Multi-Disciplinary Approach

The law does allow agencies participating in joint investigations at the request of and with Adult Protective Services, or conducting separate investigations of abuse, neglect, or exploitation within an agency's scope of authority, or law enforcement personnel who are investigating any criminal offense in which a disabled adult or elder person is a victim to have access to APS records. Furthermore, agencies working under the auspices of an Adult Abuse, Neglect, and Exploitation Multidisciplinary Team' established under the authority of a judicial circuit's district attorney office shall also have reasonable access to APS records.

Guidance on specific topics such as record requests, subpoenas, collaborations and regarding sharing information and the 'need to know' are addressed in Chapter 2, 2002.3 entitled 'Confidentiality of the Reporter and APS Records'.

It is critical that APS staff have sound working relationships with other agencies and professional organizations, especially at the local level. It is from these entities that most reports of abuse, neglect and exploitation come; so, a good understanding of what APS can do and cannot do is very important. These are the agencies that often turn to APS for intervention and help with their client's needs, so a 'direct line' and continuing partnerships between agencies is essential.

APS encourages and supports developing and participating in multi-disciplinary teams at local, regional and state levels, and recognize their importance in fulfilling the responsibilities of the Adult Protective Services Program in Georgia. This level of cooperation includes but is not limited to the Aging and Disability Resource Connection.

Family and Informal Supports

When in the best interest of the adult, APS staff will use family and informal supports. It the mission of APS to support independence and self-reliance of adults, their families and caregivers. Recognizing the adult and their support system as viable, strong and with much to offer, acts to bolster their support team and mitigate long term risk for the client.

Care and support should be client directed. APS staff will work with the client to identify members of their support team whom they trust to provide assistance and to work with them to reduce risk. These informal supports often come free of cost, without waitlist and they have a vested interest in the client's overall outcome. Even family who have been shown to be unreliable in the past can still

be valuable resources under certain circumstances. For example, a family member who has been accused of mishandling the client's finances, can still provide the client with transportation, meal preparation or assistance with bathing, so long as there is someone else managing the finances.

The "Wrong" Intervention May Be Worse than None at All

Every case, like every person, is unique. Because each case is unique, no step-by-step solution or intervention can be rigidly imposed on every case. Client circumstances, the context in which he/she lives, the range of formal and informal resources available, the client's values and priorities all affect the unique situation and intervention options. It is important for case managers not to assume too much or to generalize about needs and services. Case managers should take care to conscientiously separate their own personal biases from professional assessments and the client's values. Case managers must be direct in discussing the situation and the alternatives.

Interventions should be well-planned to reduce the risk to the client. Effective APS intervention begins, with:

1. **identifying** the areas of risk and then
2. **prioritizing** needs to
3. **offer assistance** in making the necessary change(s) to minimize further risk.

Change, even for the better, can be very intimidating. Success in change comes by prioritizing what is meaningful to the client.

References

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Disabled Adult and Elder Person Protection Act (DAEPPA) (O.C.G.A § 30-5-7)

1005 Definitions

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Definitions	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	1005	**Previous Update:**	

Summary Statement

The following Definitions are used in Adult Protective Services.

Definitions

Abuse

The willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person.

Activities of Daily Living (ADLs)

Those activities and behaviors that are **the most fundamental self-care activities to perform** and are an indication of whether the person can care for one's own physical needs.

Aging Disability and Resource Connection (ADRC)

A coordinated system of partnering organizations that are dedicated to supporting individuals and family members who are aging or living with a disability.

Ambulatory

Having the ability to move from place to place by walking, either unaided or aided by prosthesis, braces, cane, crutches, walker or rails, or propelling a wheelchair.

A/N/E

Abuse/Neglect/Exploitation, a way to state the global category of maltreatment of disabled adults or elder persons.

APS Determination

A statement referring to the outcome of the investigative findings (substantiated or unsubstantiated for A/N/E).

APS Justification

A statement documented by the caseworker indicating that the client is at risk and the need for ongoing APS.

APS On-going Case Management

APS services provided as a result of the justification that a disabled adult and/or elder person is at risk for further abuse, neglect or exploitation **and** that the adult has consented to on-going APS case management services.

APS Report

Information reported to APS regarding suspected abuse, neglect, self-neglect and/or exploitation of disabled or elder persons who are not residents of long-term care facilities, as defined in the **Disabled Adult and Elder Persons Protection Act** which meet criteria and are accepted for investigation.

Assessment

The analysis that is done of the facts through which decisions are made about risk, needs, strengths and continued APS intervention after the process of interviewing, observations and information gathering is completed.

At Risk

A caseworker determination that a person is a disabled adult or elder person and that there are factors present that indicate that A/N/E is likely to occur or reoccur.

Caretaker

"Caretaker/Caregiver" means a person who has the responsibility for the care of a disabled adult or elder person as a result of family relationship, contract, voluntary assumption of that responsibility, or by operation of law.

(Within the Aging Network, a caretaker is often referred to as “caregiver”.)

Case Plan

A consensual written plan of action between the adult at risk and the protective service staff that forms the basis for the activities that the case manager, client, family and others follow in order to reduce risk, address safety issues and ensure basic needs are met.

Conservator

A person given the legal right to be responsible for the assets and finances of a person deemed fully or partially incapable of providing these necessities for him or herself. In Georgia law, “conservator” includes a “guardian of property” appointed prior to July 1, 2005.

Court

The probate court for the county of residence of the disabled adult or elder person or the county in which such person is found.

Department

The Department of Human Services.

Diligent Search

A planned effort to locate an individual.

Director

The director of Division of Aging Services of the Department of Human Services, or the director’s designee.

Disabled Adult

A person 18 years of age or older who is not a resident of a long-term care facility, as defined in Article 4 of Chapter 8 of Title 31, but who is mentally or physically incapacitated.

Disabled Adult in Need of Protective Services

A disabled adult who is subject to abuse, neglect or exploitation as a result of that adult’s mental or physical incapacity.

Due Process

Legal proceedings that are fair and give notice of the proceedings and an opportunity to be heard before the government acts to take away one’s life, liberty or property. This is a constitutional guarantee that a law shall not be unreasonable, arbitrary or capricious.

Elder Person

A person 65 years of age or older who is not a resident of a long-term care facility as defined in Article 4 of Chapter 8 of Title 31. (O.C.G.A. §30-5-3)

Endangerment

The conditions causing endangerment (harm or threat of harm) may be behavioral or situational and may be chronic, acute or intermittent.

Essential Services

Social, medical, psychiatric, or legal services necessary to safe-guard the disabled adult/elder person's rights and resources and to maintain the physical and mental well-being of the person. These services include, but are not limited to, the provision of medical care for physical and mental health needs, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, and protection from health and safety hazards. These services shall not include the taking into physical custody of a disabled adult or elder person without that person's consent.

Exploitation

The illegal or improper use of a disabled adult or elder person or that person's resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for another's profit or advantage.

Guardian

An individual or entity appointed by a probate court to be legally responsible for the care and management of an individual adult who lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety. Within Georgia law, "guardian" includes a "guardian of the person" appointed prior to July 1, 2005.

Healthcare Facility Regulation (HFR)

The Division within the Department of Community Health responsible for healthcare planning, licensing and certification of various healthcare facility and businesses. This office responds to reports of A/N/E in Long-Term Care Facilities.

Inconclusive

An APS disposition category indicating insufficient evidence exists to make a determination on whether or not abuse, neglect and/or exploitation has occurred to the vulnerable adult who is the subject of a accepted APS report. The subject of the report, key collaterals and/or collateral documentation was unavailable.

Instrumental Activities of Daily Living (IADL)

Those more complex activities associated with daily life i.e. money management; meal preparation; housework etc.

Intervention

Brief telephone intervention services such as referring the caller to other agencies or resources, when the report does not meet the criteria for APS. The Central Intake Specialist provides counseling and information and referral services to meet the caller's needs.

Investigation

A systematic process to determine whether the alleged A/N/E is substantiated.

Long Term Care Facility (LTCF)

Any Skilled Nursing Home, Intermediate Care Home, Personal Care Home (PCH), or Community Living Arrangement now or hereafter subject to regulation and licensure by the Department (O.C.G.A. §31-8-51).

Mandated Reporter

Any person required to report child abuse, physician, osteopath, intern, resident, other hospital or medical personnel, dentist, psychologist, chiropractor, podiatrist, pharmacist, physical therapist, occupational therapist, licensed professional and counselor, nursing personnel, social work personnel, day-care personnel, coroner, medical examiner, employee of a public or private agency engaged in professional health related services to elder persons or disabled adults, employee of a financial institution or law enforcement personnel having reasonable cause to believe that a disabled adult/elder person has had a physical injury or injuries inflicted upon him, other than by accidental means, by a caretaker or has been neglected or exploited by a caretaker.

> **NOTE** The Long-Term Care Ombudsman is **not** a mandated reporter.

Neglect

The absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person.

Person Centered Planning

A process to develop an individualized support plan that is driven by the individual's own preferences, strengths and personal goals, as well as directed by the participant and/or their representative.

Personal Vulnerability

An individual is unable to care for self in aspect of everyday living because of mental or physical impairment.

Power of Attorney

A document that grants specific authority for another person (known as the Agent) to act on behalf of the individual (known as the Principal) in certain financial matters. A Georgia Power of Attorney does not authorize the Agent to make healthcare or residential decisions or to make financial decisions against the wishes of the Principal.

Priority Designation

APS referrals that are determined to be high priority or high risk. This includes circumstances that allege that the disabled adult/elder person does not have essential needs met or when imminent threat exists.

Protected Healthcare Information (PHI)

Individually identified health information, including but not limited to: health status; treatment; payment of healthcare, held by a covered entity (e.g. healthcare providers, healthcare clearinghouse and agencies receiving federal funding) or its business associate.

Protective Services

Services necessary to protect a disabled adult or elder person from abuse, neglect, or exploitation. Such services shall include, but not be limited to, evaluation of the need for services and mobilization of essential services on behalf of a disabled adult or elder person.

Public Guardianship Office

The Section within the Division of Aging Services responsible for providing case management services to wards of the State of Georgia, through the Department of Human Services, for individuals deemed incapacitated by the Probate Court.

Reasonable Cause to Believe

A basis for a judgment that rests on specific facts, either directly observed or obtained from reliable sources, that supports a belief that a particular event probably took place or a particular condition probably exists.

Reasonable Access

Access to APS records that has reporter's information and non-related Protected Health Information (PHI) (i.e. Health information not directly related to medical neglect, physical abuse, sexual abuse and/or information related to decision related capacity) redacted.

Representative Payee

A person or other entity that manages an individual's Social Security, SSI and or Railroad Retirement benefits when an adult is determined unable to manage this function without assistance.

Self-Abuse

Harm to oneself, e.g., mutilation or other self-destructive behaviors such as alcohol and drug abuse.

Self-Neglect

The result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs.

Sexual Abuse

The coercion for the purpose of self-gratification by a guardian or other person supervising the welfare or having immediate charge, control, or custody of a disabled adult or elder person to engage in any of the following conduct:

- Lewd exhibition of genitals or pubic area of any person;
- Flagellation or torture by or upon a person who is unclothed or partially unclothed;
- Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is unclothed or partially clothed unless physical restraint is medically indicated;
- Physical contact in an act of sexual stimulation or gratification with any person's unclothed genitals, pubic area, or buttocks or with a female's nude breast;
- Defecation or urination for the purpose of sexual stimulation of the viewer; or
- Penetration of the vagina or rectum by any object except when done as part of a recognized medical or nursing procedure.

Social Vulnerability

An individual who needs assistance but has no one who can effectively and reliably assist in

meeting needs and/or is isolated without a formal or informal support system.

Substantiated

A disposition category following an APS investigation where the case manager or other APS staff concludes, based upon a "reasonable cause to believe" (O.C.G.A §30-5-4 (b) (1)) and their professional judgment, that abuse, neglect and/or exploitation has occurred against the disabled or elder adult who is the subject of the APS report.

Undue Influence

Inappropriate or excessive manipulation exerted against a vulnerable person.

Unsubstantiated

A disposition category following an APS investigation based upon the findings of a complete and thorough investigation, that there is no "reasonable cause to believe" that abuse, neglect and/or exploitation have occurred against the disabled or elder adult who is the subject of the APS report.

Ward

An adult for whom a guardian or conservator has been appointed by a probate court.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-1 through 11, et.seq.

O.C.G.A. §19-7-5 Reporting of Child Abuse

1006 Adult Protective Services Section Structure

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	1000 Introduction and Purpose	**Effective Date:**	
	Section Title:	Adult Protective Services Section Structure	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	1006	**Previous Update:**	

Summary Statement

The Director of the Division of Aging Services administers and provides oversight through the Adult Protective Services Section.

Basic Considerations

All state level and field operations are managed by the Section Manager for Adult Protective Services. The Division and its APS Section provide statewide program management and development.

All APS reports are received by Central Intake.

Field operations consist of a regional approach that mirrors the 12 planning and service areas (PSAs) for the Division of Aging Services. The PSA regions are further organized into APS districts.

District Managers and Supervisors are responsible for program management and supervision at the field level. Supervisors have direct responsibility for supervision of Case Management staff.

References

PSA locations can be found on the DAS website at: aging.georgia.gov/locations

2000 APS Reports and Opening Cases

2001 APS Reports and Opening Cases Overview

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	APS Reports and Opening Cases Overview	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2001	**Previous Update:**	

Summary Statement

Pursuant to O.C.G.A. §30-5-4, “a report that a disabled adult or elder person who is not a resident of a long-term care facility as defined in O.C.G.A§31-8-80 is in need of protective services or has been the victim of abuse, neglect, or exploitation shall be made to an adult protection agency providing protective services, as designated by the Department **and** to an appropriate law enforcement agency or prosecuting attorney.”

Basic Considerations

The Division of Aging Services is the agency designated by the Department of Human Services to receive and investigate reports of abuse, neglect, and exploitation of adults with disabilities and elder persons not living in long-term care facilities.

A centralized statewide intake unit, known as Adult Protective Services (APS) Central Intake, is the mechanism by which reports are made to APS (1-866-55Aging option #3).

Procedures

The Division of Aging Services, through Adult Protective Services Central Intake will:

- Receive reports;
- Use interview skills to assist the reporter in providing necessary facts and information;
- Evaluate the information/details reported to determine if it meets APS criteria;
- Provide intervention when the report does not meet APS criteria; (refer to 2002 Accepting APS Reports of this manual)
- Accept a report that meets criteria for investigation;
- Document the report in the Electronic Data system;

- Send written acknowledgement of the APS report to the reporter within 10 calendar days [unless waived and documented]; (refer to 2006 Acknowledgments of this manual)
- Send notification of the report to the appropriate APS staff for assignment, no later than one business day after receipt of the report

> **NOTE** Accepted reports will be forwarded to law enforcement by local APS staff assigned to investigate allegations.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-4, et.seq.

2002 Accepting APS Reports

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Accepting APS Reports	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	2002	**Previous Update:**	

Summary Statement

Adult Protective Services (APS), acting on behalf of the Division of Aging Services Director, shall accept for investigation reports of suspected abuse, neglect, or exploitation of disabled adults or elder persons who are not residents of long-term care facilities (note "specific limited situation", in section 2009); as defined in the *Disabled Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)* and who meet criteria for adult protective services.

APS Central Intake is responsible for receiving reports alleging abuse, neglect and exploitation (A/N/E) of vulnerable adults who are unable to protect themselves.

Referral Categories

Reports that meet criteria and are accepted for investigation are referred to as a **"Referral"** and further categorized by type of A/N/E.

Abuse

Abuse is the willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person.

Sexual Abuse

Sexual abuse is the coercion for the purposes of self- gratification by a guardian or other person supervising the welfare of having immediate charge, control, or custody of a disabled adult or elder person to engage in sexual activity, involuntary exposure to sexually explicit material or language or sexual contact against the adult's will. Sexual abuse also occurs when an adult is unable to give

consent to such sexual activities or contact.

Neglect

Neglect is the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person by a caretaker.

"**Caretaker**" is a person who is responsible for the care of a disabled adult or elder person as a result of family relationship, contract, voluntary assumption of that responsibility, or by operation of law. A financial institution is not a caretaker of funds or other assets unless such financial institution has entered into an agreement to act as a trustee/conservator of such property or has been appointed by a court of competent jurisdiction to act as a conservator with regard to the property of the adult.

> **NOTE** **Intent** by the caretaker **is not a** factor in determining neglect of the adult.

Self-Neglect

"Self-Neglect is the result of an adult's own inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs." (Definition provided by the National Association of Adult Protective Services Administrators, October 1990)

> **NOTE** Neglect **and** Self-Neglect may both contain, but are not limited to, the following circumstances:

Medical Neglect

Medical neglect may include situations in which:

- Caretakers have failed to seek needed medical care for an alleged victim.
- The alleged victim has failed to obtain such care for him/herself.

The needed medical care is believed to be of such a nature that failure to provide medical care is likely to result in physical or mental injury/illness if such care is not provided. Medical care may include the services of physicians, nurses, in home medical services, hospitalization, required medication, nursing home care, etc. Examples include: conditions which are not accepted as normal for most functioning adults (common cold or mild depression would be considered normal for most functioning adults vs. kidney disease or suicidal tendencies which would result in physical or mental injury/illness if such care is not provided.)

Inadequate Food

Absence of food necessary to prevent physical injury/illness or to maintain life.

This can include failure to receive appropriate food for persons with conditions requiring special diets ***(i.e., diabetics).*** *It is important for the Central Intake Specialist to differentiate between the lack of appropriate nutrition as opposed to the caller's value bias regarding appropriate meals.*

Inadequate Shelter

Inadequate shelter may consist of a structure which:

- Is not structurally safe,
- Is not suitable for use as a shelter for human beings,
- May not have a safe and accessible water supply, heat source or sewage disposal, or
- Has an environmental hazard that may result in serious health problems.

Inadequate Clothing

Inadequate clothing can include:

- lack of clothing sufficient for the environmental conditions and places the client at risk, or
- Clothing that is inappropriate, ill-fitting and restricts movement and/or normal activity.

Lack of Supervision

- Requires total care (care that involves assistance with all ADLs and may require 24 hour supervision) and has been left without a reliable caretaker, or wandering behavior that places the person at risk of harm, or
- Mental or physical disabling condition that interferes with person's ability to meet minimal needs and assistance is not available or is being withheld, placing the alleged victim at risk.

Exploitation

"Exploitation is the illegal or improper use of a disabled adult or elder person's resources through undue influence, coercion, harassment, duress, deception, false representation, false pretenses, or other similar means for one's own or another's profit or advantage".

- Willfully using, withholding, transferring or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another;
- Acquiring possession, control or an interest in funds or property of a vulnerable adult through undue harassment or fraud; or
- Forcing a vulnerable adult against his or her will to perform services for the profit or advantage of another.

Procedures

Central Intake Specialist shall document all calls, faxes, and web reports in accordance with the DAS Data System documentation standards; choose an initial report disposition; and send referrals (intakes that meet-criteria) to local supervisors within **one business day** of report date.

Step 1 Report Details

Obtaining details about the allegation/situation from reporter or review the written report related to the following items, including, but not limited to:

- Specifics about the alleged victim; name/description, phone number, address/direction to location, age, impairment, diagnoses, etc.;
- Nature and extent of alleged A/N/E;
- Where and when A/N/E took place;
- Is A/N/E ongoing at the time of the report;
- Did alleged victim get medical attention for alleged A/N/E;
- Is the alleged victim receiving any public or private services:
- Other persons with knowledge of the incident;
- Involvement of the family, if any;
- Caretaker - relationship and address, if any;
- Potential collateral contacts;
- Alleged perpetrator, if known;
- Does alleged victim have a guardian, caregiver or responsible party;
- Reporter's name, address, phone #, and relationship/role;
- Is alleged victim aware of report being made;
- Possible response of alleged victim to contact from APS worker;
- Possible dangers (ex. dogs, guns, violence) or potential hazards to the worker;

When reports are made via online web reporting or fax, a Central Intake Specialist will attempt to contact the reporter directly for the purpose of notification, acknowledgement and gathering more information; prior to making a determination on the status of the report.

Failure to make direct contact with the reporter shall not prohibit the Specialist from making a determination in one business day based on the information provided.

Refer to Appendix F of this manual for more information on how to engage the reporter.

Step 2 Criteria

Determine if the report meets the criteria for Adult Protective Services. The criteria are as follows:

- A disabled adult 18 years or older or an elder person (age 65 or older) who can be identified by name, description, or location and is not a resident of a long-term care facility. Adult Protective Services is **not** mandated to investigate abuse, neglect and/or exploitation in long term care facilities.
- Alleged to be victim of harm or threat of harm by the action or inaction of the adult or others.

Choose from 3 possible dispositions:

- Meet Criteria
- Does not Meet Criteria / Intervention
- Incomplete

Step 2A Meets Criteria

When a report meets the criteria for APS investigation Central Intake shall proceed as follows:

- Select referral category or categories that appropriately describes the present harm or threat of harm; and
- Complete Steps 4 and 5
- When imminent harm or danger is present complete Step 6

Step 2B Does not Meet Criteria / Intervention

Provide a brief telephone intervention that shall consist of referring the caller to other agencies or resources, when the report does not meet criteria for APS. The standard referral may be to the Aging Disability Resource Connection (ADRC). This can be done through:

- Direct telephone contact; or
- Phone message left with the reporter;

Step 2C Incomplete Reports

Classify reports that lack identifying information (i.e. name/description or address/location) that would prevent APS staff from making contact with the vulnerable adult or specific details related to alleged A/N/E as "**Incomplete**". These reports will not be accepted for investigation.

- CI staff will attempt to ascertain the needed information from the reporter sources before the report is closed out with a final disposition of "**Incomplete**".
- When reporters have been notified of a pending "**Incomplete**" disposition due to a lack of critical information, the reporter will have 1 business day **of the report date** to provide needed information.
- If the information **is not provided** by the end of the next business day the intake will be closed with a status of "**Incomplete**".
- If, information **is provided** to CI staff after the "**Incomplete**" disposition has been finalized, the call will be entered as a new report.

Step 3 Immediacy Rating

Determine if the report accepted for investigation needs to be brought to the immediate attention of the APS Supervisor and require a 2 business day standard of promptness for the first face to face client contact.

Based on the information gathered in the APS report, the APS CI Specialist will make a determination of the need to designate a report as a **Priority** or **Standard** referral.

Special conditions that may warrant a "**Priority**" rating include circumstances that allege the vul-

nerable adult does not have essential needs met and imminent threat exists. Examples include, but are not limited to:

- Lack of access to food;
- Need for immediate medical attention;
- Lack of needed supervision;
- Visible bruising on the vulnerable adult;
- Alleged perpetrator has access to the vulnerable adult and the vulnerable adult might remain in harm's way without immediate intervention;
- Sexual abuse in alleged; and
- Other situation as determined by CI supervisor.

Step 4 Transferring Referrals to the Field

Central Intake will forward the accepted report to the appropriate regional supervisor and/or their designee via email. The email shall include the following information:

- Client's name;
- Client ID number; and
- County of residency in the email subject line

Step 5 Emergency Situations

CI Specialist will alert the receiving APS Supervisor by sending the report via '*priority email*' delivery. The purpose of Central Intake sending the APS report as a '*priority email*' is for the benefit of the receiving APS Supervisor and/or Supervisor designee to determine what actions are needed.

Adult Protective Services staff are not first responders nor provide emergency services, however CI Specialist will take steps to assure the safety of persons alleged to be in imminent harm or danger.

- Callers shall be advised to contact 911 or local law enforcement.
- If the caller appears unable or unwilling to call; CI staff will contact local law enforcement on behalf of the caller.

Adult Protective Services are not emergency "first" responders (i.e. emergency medical; 911; mental health crisis intervention etc.). The CI Specialist must encourage the caller to seek assistance from emergency responders for individuals that appear to be in imminent harm or danger. While the immediate need may necessitate an emergency response, such as local law enforcement or emergency medical services, further assessment of the situation must be carried out at the CI level to determine if the call warrants APS intervention services or an APS investigation.

References

Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)
Aging Services 5600 Administration Manual, Appendix H DAS Data System Manuals
To report adult abuse refer to: aging.dhs.georgia.gov/adult-protective-services

2003 Reports with Multiple Vulnerable Adults in the Household

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Reports with Multiple Vulnerable Adults in the Household	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2003	**Previous Update:**	

Summary Statement

In instances where a single household has more than one member meeting criteria for investigation, APS CI will set up a separate case for investigation for each individual alleged to be at risk and link these cases in the DAS Data System.

Procedures

The CI Specialist will:

- Include in the DAS Data System intake and referral notes information about each household member(s) meeting criteria for investigation. This shall include the name, client ID and relationship of the household member to the client of record. The process will be repeated in each additional client record.
- Alert the APS supervisors of the linked cases via the email notification.

References

Refer to 2002 Accepting APS Reports of this manual for report criteria.

2004 Residency

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Residency	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2004	**Previous Update:**	

Summary Statement

When a disabled adult or elder person subject to abuse, neglect, self-neglect or exploitation, is physically present in the state of Georgia - that individual is considered to meet the residency requirement for Adult Protective Services (APS).

Basic Considerations

Protective Services are provided to individuals without regard to citizenship status or permanent residency in the state of Georgia. In addition to residency, the individual must meet all other eligi-

bility requirements to qualify for APS services.

Refer to 2001 APS Reports and Opening Cases Overview or eligibility requirements.

Procedures

The Central Intake specialist will ask if the adult is present in the state.

If the alleged victim of abuse, neglect, or exploitation is not present in Georgia the report will be referred to the state of residency.

Refer to 2010 Reports of A/N/E from Out-Of-State Reporters for out-of-state referral process.

References

Aging Services MAN 5500: Adult Protective Services Manual

2005 Notification

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Notification	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2005	**Previous Update:**	

Summary Statement

Central Intake will determine if the report meets the criteria for Adult Protective Services (APS) and will advise the reporter of the status.

Basic Considerations

When reports are submitted via online or web reporting, it may not be possible to give notification at the time of the report. In those situations the reporter will be notified by receipt of the APS "Acknowledgement Letter".

Refer to 2006 Acknowledgments for Acknowledgement policy.

Procedures

The Central Intake Specialist will:

- Inform the reporter of the status of the report at the time of determination;
- Provide clarity regarding the APS program and criteria;
- Advise mandated reporters of the necessity to make a report, in addition to the one made to APS, to local law enforcement as required by law
- Link the reporter to other resources/education as needed;
- Refer the reporter to the appropriate reporting agency, if necessary;

References

Aging Services MAN5500: Adult Protective Services Manual

2006 Acknowledgments

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Acknowledgments	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2006	**Previous Update:**	

Summary Statement

In accordance with O.C.G.A. §30-5-5, Adult Protective Services (APS) shall acknowledge the receipt of all APS reports in writing to the person making the report within 10 calendar days.

Basic Considerations

It is unlawful for a *mandated reporter* to knowingly and willfully fail to report adult abuse. Mandated reporters who fail to make a report can be found guilty of a misdemeanor O.C.G.A. § 30-5-8(b). The Acknowledgement letter serves as verification for the reporter that a report was made to Adult Protective Services in accordance with O.C.G.A. §30-5-4.

The reporter can verbally waive the receipt of an acknowledgement letter. Waivers of acknowledgement shall be documented in the APS intake report.

Procedures

Unless waived by the reporter, APS State Office staff will:

- Generate the acknowledgement letter within the DAS Data System (DDS)
- Send the standard written acknowledgement letter to the reporter.

References

Disabled Adult and Elder Persons Protection Act O.C.G.A. §30-5-4, §30-5-5 and §30-5-8

2007 Directing Reports to Other Investigative Agencies

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Directing Reports to Other Investigative Agencies	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2007	**Previous Update:**	

Summary Statement

Central Intake (CI) Specialists are mandated reporters to other investigative agencies such as Healthcare Facility Regulation (HFR), the Department of Family and Children Services (DFCS), the DHS Office of the Inspector General (OIG), Law Enforcement (LE) and the agency in other states responsible for providing protective services.

Basic Considerations

CI Specialists shall redirect reports to other agencies when the report does not fall under the Adult Protective Services (APS) legal mandate, or when APS has shared responsibility with another agency.

Refer to O.C.G.A §30-5-1, et.seq for the APS legal mandate.

Reporters shall be provided information and directed to contact the appropriate regulatory and/or investigative agency.

Procedures

Referrals will be directed as follows:

- When referrals are made to HFR, CI staff will follow the Healthcare Facility Regulation Referral Process (refer to Appendix E), except as otherwise specified in 2009 Reports of Abuse in Long Term Care Facilities.
- When a report of alleged abuse, neglect and exploitation of a vulnerable adult not living in the state of Georgia is received by CI,
    - The reporter will be provided with the contact information for the state protective services agency where the adult resides; and
    - If the incident took place in Georgia, the reporter will be provided with the contact information for local law enforcement where the incident occurred.

  Refer to 2002 Accepting APS Reports of this manual for details on CI disposition of reports that do not meet criteria.
- When referrals are made to DFCS, CI staff will follow the Department of Family and Children Services Referral Process (refer to Appendix E).
- Report all cases of employee misconduct and/or suspected criminal activities by DHS employees to OIG. (*refer to OIG POL1750* and 2011 Reports of A/N/E Involving DHS Employees of this manual)
- Direct emergency situations to 911 or other emergency response agencies, except as otherwise specified in 2002 Accepting APS Reports.

References

Aging Services MAN5500: Adult Protective Services, Appendix E, Other Agency Referral Forms

Office of the Inspector General Index POL1750

2008 Confidentiality of Reporter and APS Records

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Confidentiality of Reporter and APS Records	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2008	**Previous Update:**	

Summary Statement

Adult Protective Services (APS) keeps report details and the names of persons who report abuse, neglect, and exploitation confidential. The information is not disclosed to APS clients, family members of APS clients, the public, or other agencies, except in accordance with O.C.G.A. § 30-5-7 and § 30-5-11.

Basic Considerations

Reasonable access to APS records shall be given to Prosecuting Attorneys; Law Enforcement; Agencies participating in joint investigation; Coroners or Medical Examiners; and Members of an Adult Abuse, Neglect, and Exploitation Multidisciplinary Team (A/N/E MDT) established under O.C.G.A § 30-5-11. Reporter's name and identifying information shall be redacted from records released to anyone other than law enforcement or the district attorney or pursuant to a court order for unredacted records.

Individuals who have made a report that has been accepted for investigation may request information from APS pertaining to the status of said investigation (i.e. whether the investigation is still open or has been closed). Once a request has been made APS will respond in writing within 5 business days. No information other than the investigation status shall be released.

Procedures

Request from Reporter for Case Status Information

When APS Central Intake (CI) receives a request for investigation status, from the reporter or reporting agency of a specific APS investigation, Central Intake shall immediately:

- provide verbal confirmation;
- document the request in the electronic data system;
- generate a letter indicating investigation status; and
- forward the letter and information regarding the request to designated APS staff for mailing.

Request made by A/N/E MDT Members

Caller shall be directed to address request to the APS representative on the A/N/E MDT. Central Intake will notify District Supervisor and/or District Manager of the request

Records Request by Subpoena or Court Order

All Subpoenas and Court Orders must be routed to the Associate General Counsel, no later than one business day from date of receipt. *Refer to MAN 5600, section 1010.*

Callers requesting copies of APS records shall be informed of APS confidentiality rules found within this policy section. If the caller persists, they shall be directed to the DHS Open Records Officer (Openrecords2@dhs.ga.gov) to make a formal request.

Request for Investigator's name and contact information:

- The reporter or reporting agency who initiated an APS report shall be given the name and contact information of the APS Investigator assigned to said investigation;
- CI shall ask callers who have not previously made a report regarding the adult in question if they have information pertaining to A/N/E of a vulnerable adult. If yes, the caller shall be encouraged to make an A/N/E report. If the call does not wish to make a report CI will request the name and contact information of the caller. This information shall be passed on to the APS Investigator and the caller shall be contacted as a potential non-reporter collateral interview.

> **NOTE** All request shall be documented in the electronic case management system.

References

Disabled Adult and Elder Persons Protection Act O.C.G.A. §30-5-7

2009 Reports of Abuse in Long Term Care Facilities

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Reports of Abuse in Long Term Care Facilities	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2009	**Previous Update:**	

Summary Statement

APS has a specific responsibility in reporting, limited specific investigation and follow-up relating to reports of alleged abuse, neglect, or exploitation of adults with disabilities or elder persons who reside in a Long-Term Care Facility.

Basic Considerations

In "specific limited situations" APS will work cooperatively with HFR.

APS Central Intake will accept for investigation:

- reports where the adult with a disability or elder person who resides in a long-term care facility or receiving services from an entity regulated by HFR is alleged to have been harmed or threat-

ened with harm by **someone who is not an owner, employee or affiliate of the facility** (i.e. from the outside community).

- reports where a disabled adult or elder person is being (or has been) voluntarily discharged from a Long-Term Care facility and the reporter has cause for concern that the adult is unable to have their essential needs met in the community and is at risk of A/N/E.

  Refer to O.C.G.A. § 31-8-116 (g)

- reports involving allegations of A/N/E to disabled adults or elder persons living in unlicensed 'transitional' living arrangements or boarding homes.

Law enforcement, HFR and APS are the only agencies in Georgia charged with the responsibility of investigating complaints of A/N/E of vulnerable adults in the community or in Long-Term Care Facilities. Any alleged A/N/E that takes place in a setting not regulated by HFR shall be determined to be in the community and therefore, APS will be responsible for handling reports and subsequent investigations which meet all other APS criteria.

Procedures

APS CI Specialist, shall document reports/referrals/collaboration with HFR in the DAS Data System.

If a report does not meet criteria:

- the report shall be documented as an intervention;
- CI staff will complete the HFR referral form and forward it to HFR; and
- the referral shall be completed within 1 business day

If the report meets the criteria for the “specific limited situation”:

- the report will be processed as all accepted reports; and
- a HFR referral form will be completed and sent to HFR.

Referrals will be made within 1 business day.

References

Disabled Adult and Elder Persons Protection Act, O.C.G.A. §30-5-1 through §30-5-11
Long-Term Care Facility Resident Abuse Reporting Act, O.C.G.A. §31-8-80
Article 5. Bill of Rights for Residents of Long-Term Care Facilities O.C.G.A. §31-8-116

2010 Reports of A/N/E from Out-Of-State Reporters

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Reports of A/N/E from Out-Of-State Reporters	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2010	**Previous Update:**	

Summary Statement

Reporters not present in the state may make a report with a concern for an individual present in the state of Georgia.

Basic Considerations

When receiving an out-of-state request, Central Intake (CI) will evaluate the request for assistance to determine if the request is appropriate for APS involvement (i.e. investigation, safety check).

The location of the incident shall not be taken in consideration when determining eligibility, it is the residency of vulnerable adult that matters (refer to 2004 Residency of this manual). The individual may continue to be at-risk and may require protective services.

The caller may report that a vulnerable adult currently present in Georgia was being abused while in another state. If the alleged abuser continues to have access to the vulnerable adult, that client shall be determined to be at-risk for abuse and therefore eligible for protective service.

Procedures

The CI process will vary depending on if the request is appropriate or inappropriate for APS involvement. In all situations the CI specialist will assist the reporter with locating the appropriate resources.

Appropriate for APS Involvement

Situations that are appropriate for APS involvement include:

- An APS referral from an out-of-state reporter that meets the criteria for investigation.
- Requests for an interview or safety check, when requested through an APS agency in another state.

  Such request will be:

  - processed as an intervention,
  - sent to the regional supervisor for assignment,
  - findings will be sent to the CI Supervisor, and
  - entered into the Electronic Data record intake record.

NOTE	If after contacting the vulnerable adult, for the purpose of conducting an interview or safety check for another state, the assigned case manager believes that the case does meet criteria for investigation; a report will be called into Central Intake and processed as a standard intake report.

Not Appropriate for APS Involvement

Situations that are not appropriate for APS involvement include:

- Callers requesting APS assistance for an adult residing in another state will be provided the appropriate reporting information for that state. *Refer to 2007 Directing Reports to Other Investigative Agencies of this manual.*
- Request for an interview or safety check, when requested from private citizen, will be referred to local law enforcement.
- Callers requesting non-APS services will be referred to the appropriate agency.

Requests that are not appropriate for APS involvement shall be documented as Interventions.

References

Aging Services MAN5500: Adult Protective Services Manual

2011 Reports of A/N/E Involving DHS Employees

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Reports of A/N/E Involving DHS Employees	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2011	**Previous Update:**	

Summary Statement

When an Adult Protective Services (APS) report of abuse, neglect, or exploitation is received which involves a current DHS employee (as either the victim or as the alleged perpetrator), including a member of his/her immediate family, the report will be handled administratively and not at the level of Central Intake (CI).

Basic Considerations

"Immediate family" is defined as husband/wife, children, parents or grandparents, brother/sister, mother-in-law and father-in-law, niece, nephew, and brother-in-law or sister-in-law or partner.

All reports require CI Specialist to:

- be sensitive to issues;
- be confidential with information; and
- protect the anonymity of all persons involved.

Procedures

CI will take the following steps when receiving reports involving DHS Employees:

- Document the report on a Word document. The report should not be entered into the DAS Data System unless under the instruction of the APS Section Manager.
- Notify CI Supervisor, APS Section Manager and APS Field Operations Manager by email so that a decision can be made regarding who will conduct the investigation.

- Send the intake report to the APS Section Manager for storage to limit access by staff.

Refer to Chapter 3 of this manual for investigative policy on reports of A/N/E involving DHS employees.

References

Aging Services MAN5500: Adult Protective Services Manual

2012 Documenting APS Reports

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	2000 APS Reports and Opening Cases	**Effective Date:**	
	Section Title:	Documenting APS Reports	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	2012	**Previous Update:**	

Summary Statement

Documentation of new reports and reports on active clients will be in the DAS Data System.

Basic Considerations

APS Central Intake (CI) Specialists must document all Adult Protective Services (APS) reports, telephone interventions, and referrals to other resources, agencies and/or emergency responders in the DAS Data System.

Procedures

New Reports

New reports shall be documented and sent to the APS Supervisor within 1 business day of receipt of an accepted report.

Central Intake will:

Step 1 Complete the APS Intake screen (confirm/update any information provided in previous agency contact);

Step 2 Enter the allegation narrative in the “Incident Details” section of the APS Intake screen. Staff should also include:

- Sufficient information to determine if an element of A/N/E is alleged;
- Medical condition/diagnosis; and
- Name, address, and telephone number of any individuals who may have knowledge of the situation.
- Report disposition (i.e. criteria meet, does not meet criteria etc.);

- Referral category (when a report has been accepted for investigation);
- Any safety conditions that may cause concern or present a hazard to the vulnerable adult and/or the APS worker assigned to conduct the investigation;
- Documentation that confidentiality policy has been discussed with the reporter; and
- Documentation that the acknowledgement letter has been discussed and mailed to the reporter.

Assign an auto generated individual DAS Data System identification number (*refer to requirements for multiple vulnerable adults in a household Aging Services APS MAN 5500, section 2006*).

Step 3 *For more information on entering a report in DAS Data System see Aging Services Administrative* MAN 5600, Appendix *C*

Step 4 Send notice of the report to the APS Regional Supervisor.

- When a report is accepted for investigation CI shall send an email to the Regional Supervisor that includes:
  - the client's name; and
  - the DAS Data System identification number.

Reports on Existing Clients

Reports concerning active APS clients shall be:

- Recorded in the DAS Data System as "additional comments" of the most recent accepted report;
- Have the new reporter's name and contact information documented in "Participants"; and
- An email will be sent to the Regional Supervisor and case manager assigned to the case within one business day of receipt of the report, informing them of the new report.

References

Aging Services MAN5500: Adult Protective Services Manual

3000 Investigation and Assessment

3001 Introduction

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Introduction	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3001	**Previous Update:**	

Summary Statement

Pursuant to O.C.G.A. §30-5-5, the Director of the Division of Aging Services of the Department of Human Services "shall conduct or have conducted a prompt and thorough investigation to determine whether the disabled adult or elder person is in need of protective services and what services are needed. The investigation shall include a visit to the person and consultation with others having knowledge of the facts of the particular case."

Basic Considerations

Reports that meet APS criteria will be assigned for investigation and a *complete* assessment of **all risks and unmet needs** shall be made by APS. This includes risk indicators alleged by the reporter as well as those identified during the investigation that may create serious harm or maltreatment.

Reporters may not be aware of all the dynamics of the situation they are reporting. Solid APS investigations in all risk areas can uncover A/N/E that is often subtle, intertwined with other risk indicators, or risks not known to the reporter. For example, a caregiver may not be purchasing medications for the client (neglect indicator) because he is using the client's financial resources for his own benefit (exploitation indicator).

APS investigators will address all areas of A/N/E in each case, even in the absence of reported indicators.

Purpose of The Investigation and Assessment

The APS investigation and assessment are done concurrently and have **two distinct purposes**. Completed APS cases must address **both** a thorough investigation of the allegations, as well as a comprehensive assessment of client unmet needs, the support system and ongoing risk.

Investigation

Establish facts that will be useful in determining whether the reported individual is a victim of maltreatment or self-neglect. Investigation is the process of determining whether A/N/E has occurred, who/what is responsible for A/N/E, and the likelihood of recurrence.

Assessment

Identify risks; determine client areas of strengths and needs; determine potential need for services. Assessment is the process of gathering information, analyzing the information, drawing conclusions and making decisions to minimize or eliminate the risk factors that led to A/N/E.

The Investigation and assessment process must include but are not limited to the following:

- A **face to face** visit with the subject of the report;
- **Interviews** with collateral contacts identified at the time of intake and collaterals discovered during the investigation that have knowledge of the situation. Collateral information is necessary to make the **investigative determination** of substantiated or unsubstantiated for A/N/E.

> **NOTE** **Interpreter services shall be provided to limited English proficient and/or sensory impaired (LEP/SI) clients/collaterals (Refer to POL 1701 Depart-**

ment of Human Services Administrative manual).

APS staff is not required to seek interpreter services when interviewing LEP/SI clients/collaterals for which they share a native language (i.e. native Spanish speaker to native Spanish speaker) or have passed a Language Proficiency Test administered by the language testing services. However, these individuals are not to act as an interpreter for other staff members unless they have passed the Interpreter Skills Test.

- Supporting documents related to the A/N/E, functional capacity and cognitive capacity such as medical records, financial records, utility statements, Power of Attorney, etc.
- Completed case related **documentation** in the electronic information management system
- Case assessment tools
- Case notes
- Determination/justification statement (*Ref to 3012 Documentation of this manual*)
- Disabled Adult and Abuse Report (DAAR)

Supervisors Responsibilities

The supervisor is responsible for:

- assigning new investigations;
- reading the record;
- determining the quality of investigative work;
- providing consultation;
- requesting further actions as needed to be taken by the case manager **prior** to the supervisor's closure of the investigation;
- Determine if new investigations require APS Management Team Case Staffing;

  Cases in need of an APS Management Team Case Staffing include:

  - Cases involving DHS employees, media or other high-profile situations or anyone else requiring case designation of confidential;
  - Multiple investigations on the same client within a 12-month period presenting with the same allegations;
  - Multiple investigations on the same client within a 12-month period in which severity of allegations has steadily progressed;
  - Multiple investigations for the same client in which capacity is repeatedly called into question.
- closing investigations;
- and; if applicable, opening the case for on-going services

References

O.C.G.A. §30-5-5
DHS POL 1701 Section IV

3002 Investigation

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Investigation	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3002	**Previous Update:**	

Summary Statement

The investigation of an APS report (allegations of abuse, neglect or exploitation) is mandatory and does not require the client's consent.

Legal Background

"When the director receives a report that a disabled adult or elder person is in need of protective services, he or she shall conduct or have conducted a prompt and thorough investigation to determine whether the disabled adult or elder person is in need of protective services and what services are needed." O.C.G.A. §30-5-5 (a)

"A report that a disabled adult or elder person who is not a resident of a long-term care facility as defined in Code Section 31-8-81 is in need of protective services or has been the victim of abuse, neglect, or exploitation shall be made to an adult protection agency providing protective services as designated by the department and to an appropriate law enforcement agency or prosecuting attorney." O.C.G.A. § 30-5-4(b)(1)

Procedures

The APS staff shall complete an **investigation** to establish facts to determine if maltreatment occurred, who was responsible (if anyone) and to prevent reoccurrence through the provision of protective services.

General Procedures

APS field staff shall within one business day:

- acknowledge the receipt of the report from APS Central Intake and assign for investigation
- forward all accepted reports of A/N/E to local law enforcement in accordance with O.C.G.A. §30-5-4

Initiation of Investigation

Standard Reports require an initial **face to face visit** with the client **no later than 10 calendar days** from the date of the APS report.

Priority Report (*as described in 2002 of this manual*) requires a **face to face visit within 2 business days** of report date and may indicate a need for other intervention including but not limited to:

- initial contact to client by telephone to assess the situation,
- possible contact with the reporter, or
- referral to first responders (e.g., hospital/medical providers; mental health crisis, law enforcement/safety check etc.).

New Reports/Allegations made to APS Central Intake on an open APS case will be investigated within 5 business days of the new report/allegation.

> **NOTE** Reasonable determination of A/N/E discovered at any point during the investigation will be forwarded Law Enforcement, no later than one business day.

Diligent Effort to Locate

If APS is unable to locate the adult during the initial visit a diligent effort to locate must be made. Diligent effort shall consist of the following, when applicable:

- Making 1 or more additional visits to the client's reported location during different times of the day during the timeframe for initiation.
- Calling the client
- Attempt to interviewing neighbors who might have information as to the location of the client.
- Calling the reporter to verify reported information and to attempt to obtain additional information.
- Checking with the post office and utility companies to obtain information on the client.
- Contacting medical providers
- Calling other individuals, as appropriate, listed on the intake report to obtain information on the client.
- Contacting any known relatives.
- Contacting local, county or state law enforcement agencies to check their records for information about the client.
- Researching previous APS records.
- Researching local directories and the internet for address information.
- Contacting the landlord, if applicable.
- Conferring with the supervisor to determine the next course of action or closure approval.

The "Diligent Effort" Assessment, in the DAS Data System, must be completed when there has been an unsuccessful effort to locate or when efforts extend beyond the prescribed timeframe.

> **NOTE** Do not leave a voice mail message or business card if the investigation alleges abuse, neglect and exploitation by an alleged perpetrator with access to the client's

home and phone.

Determination of Unable to Locate

The status of the case shall be designated as 'Inconclusive-Unable to Locate' when diligent efforts have failed to produce successful client contact.

Client Relocation Prior to Initial Contact

The adult has relocated to another state or will be out of the state of Georgia for an extended period of time. If the new address in known to APS a referral should be made to the state where the adult currently resides.

Completing Investigation by Allegation

All investigations shall include the following:

- Face to face contact for interview and observation with the client, alone and apart from undue influence.
- Visit to current living arrangement.
- Review prior APS intervention and investigation outcomes.
- Screen the DAS Data System for client history in other Division of Aging programs.
- Collateral Contacts including but not limited to:
  - reporter;
  - alleged perpetrator;
  - all formal service providers;
  - household members over the age of 18;
  - all persons with knowledge about the circumstances/risk
- Upon completion of the investigation, the APS case manager shall have a discussion with the client to help determine next steps.
  - Discuss referral and any formal or informal services that have or need to be arranged on behalf of the client.
  - When additional assistance and referrals are declined provide the client with contact information for APS Central Intake, the ADRC (Aging and Disability Resource Center) and any other available and applicable resources.
- Additionally, the APS case manager shall communicate with providers, and relevant individuals providing care/support the minimum information necessary to:
  - Promote continued protection and safety of the client;
  - Provide for continuity of services; or
  - Ensure implementation of services.

> **NOTE** **Communication with those closely involved with the client is valued.**

However, in accordance with O.C.G.A § 30- 5-7, details of the investigation shall not be shared.

- When required action by APS staff have not been taken staff will document reason for noncompliance.

When Applicable

- Obtain medical / mental health records or obtain information from medical / mental health professionals who are believed to have information about the client.
- Review client's financial records / information to determine if indicators are a sign of neglect, self-neglect and/or exploitation or as a result of a lack of resources.
- Determine if the client has a Power of Attorney (POA), Representative Payee or a conservator with authority over person in a fiduciary capacity that manages finances or property on behalf of the client.
- Take photographs/video of the client and the client's circumstances if relevant to the allegations. This action should not be taken if it is thought to impede the investigation by agitating the client or if the client requests that video/photos not be taken.

Required Actions Sexual Abuse Investigations

- Notify law enforcement by phone within one business day of receipt of report date if sexual assault is alleged for the purpose of medical evaluation and to request a joint interview.

Required Actions Financial Exploitation Investigations

- Obtain copies of financial information and identify the location of institutions where the client's assets may be located.
- Determine if the client has a Power of Attorney (POA), Representative Payee or a Conservator with authority in a fiduciary capacity that manages finances or property on behalf of the client.
- Determine if the allegation of exploitation has affected the client's ability to provide for his / her essential needs which may include but is not limited to:
  - Mortgage/rent
  - Home utilities
  - Medication
  - Food

NOTE Utilize the Financial Worksheet for all alleged financial exploitation cases.

References

O.C.G.A. §30-5-4
O.C.G.A. §30-5-5
Financial Worksheet

3003 Assessment Conducted

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Assessment Conducted	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3003	**Previous Update:**	

Summary Statement

A comprehensive assessment shall be conducted within 45 calendar days of the acceptance of the referral and documented in the electronic data system.

Basic Considerations

The assessment determines the level of endangerment, current supports, client comprehension of risk for further maltreatment and his/her willingness to accept assistance.

The Assessment tool, findings from collateral contacts, “Determination of Need-Revised” DON-R assessment; other assessments; client wishes and case manager judgment are the basis for decision making and developing the justification for closure or the need for continued involvement through on-going APS services.

During the investigation and initial assessment, it may be necessary for the case manager to secure services, resources or take legal actions to meet a client’s needs.

Procedures

APS staff shall complete a comprehensive assessment to determine the client’s level of vulnerability and identify services that can mitigate risk of further endangerment.

Required Assessments for all Investigations

For all investigations – A comprehensive assessment shall include:

- The APS Risk or A/N/E Assessment
- Determination of Needs-Revised (DON-R)
- Completed case notes

> **NOTE** The DON-R is initially performed as a snapshot of the client’s condition prior to APS interventions, however if the client experiences a significant change in circumstances APS staff shall complete an additional DON-R to reflect current needs.

Required Assessment for Specific Circumstances

In addition to the above assessments, the following assessments are required under specific circumstances:

- Income Worksheet in all Financial Exploitation cases; and
- SLUMS (Saint Louis University Mental Status) Exam when cognitive impairment is alleged or suspected.
- ADRC "Risk Assessment for Institutional Placement" when given permission by the client to make an ADRC referral and when advised by ADRC Options Counselor.

When applicable:

Other assessments tools that may be helpful depending on the allegations reported and needs of the adult:

- UAB Financial Capacity tool
- PHQ-9
- Falls Risk Assessment Tool

> **NOTE** Refer to the Assessment Matrix for Assessment descriptions and appropriateness for use.

References

DON-R
SLUMS
PHQ9
Falls Risk Assessment
UAB financial Capacity Tool
ADRC Risk Assessment for Institutional Placement
Assessment Matrix

3004 Client Interview

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Client Interview	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3004	**Previous Update:**	

Summary Statement

A visit shall be made to the adult who is the alleged victim of the A/N/E report as provided for in O.C.G.A. § 30-5-5(a). The case manager will observe and interview the adult who is the subject of the APS report in private within 10 calendar days of the report date. During the interview and observa-

tion, the case manager must focus on reported incidents of A/N/E, as well as any additional risks that may have not been reported.

Basic Considerations

There may be links between the A/N/E allegations reported, and other types of maltreatment that might not have been reported. Abuse, neglect and exploitation are not always mutually exclusive of each other. For example, a person who is found to be neglected by their caregiver might also be financially exploited by the same caregiver, even though this was not reported at the point of intake. Case managers complete a thorough investigation and assessment by not only addressing the allegations reported but drawing possible links to other areas of risk.

As provided under O.C.G.A. § 30-5-5 an investigation shall include a visit with the vulnerable adult. If the APS investigator is unable to gain access to the vulnerable adult as a result of interference by another person, APS may petition the court for an order authorizing the investigation and prohibiting interference. Any person willfully violating the order shall be in contempt of court and may be punished accordingly by the judge of the court issuing the order.

Procedures

Prepare for the Initial Visit

- **Review** referral, directions and safety concerns
- Read all previous APS history available
- Check client status in other Aging Programs
- Determine if a combined visit with a provider, collateral sharing the same concern, another APS staff member or law enforcement is needed.
- Make unannounced visit

> **NOTE** Unannounced visits are optional for self-reported cases.

Interviewing the Alleged Victim

APS Case Managers shall:

- Identify themselves to the client, caregivers and others, providing name, title and official identification.
- Explain the APS program, mandates to investigate, purpose of the investigation and give the client an idea of what to expect during the investigation.
- Observe and interview the client, addressing allegations, other areas of A/N/E and additional risks identified (i.e. hazardous living environment, existing medical/psychological conditions and lack of essential needs).
- Assess client for any functional and/or cognitive impairments. (*Refer 3003 DON-R and SLUMS*)
- Discuss adherence to confidentiality under the federal Health Information Portability and Privacy Act (HIPAA). Give the client a copy of the HIPAA Notice of Privacy Practices form and

request that the client, Guardian or Power of Attorney sign a copy that will be kept in the client's case record.

- Request that a Release of Information (ROI) for medical providers, mental health providers and/or financial institutions with information be signed by the client.

> **NOTE** A ROI is not required during an APS investigation due to provisions in O.C.G.A § 30-5- 1, et seq. However, use of the ROI may aid in the acquisition of documents.

- Summarize the interview with the client and explain next steps in the investigation, such as the need for collateral contacts.

All attempted, but unsuccessful contacts with the client and collateral contacts must be documented in detail in the electronic data system.

Interference with Access to Client

If a case manager is denied access to the vulnerable adult by a third party:

- The case manager shall explain to the individual(s), i.e., "third party", the Agency's role/relationship, legal mandate, and that a court order can be obtained to gain access to the client. (Refer to O.C.G.A. § 30-5-5)
- If imminent danger is alleged immediately contact local law enforcement for assistance.
- If imminent danger is not alleged repeat contact shall be made no later than the following business day.
- If the case manager is again denied contact due to the interference of a third party, local law enforcement shall be contacted for assistance.
- If the case manager is still unable to gain access to the vulnerable adult, the case manager shall consult with his/her supervisor to determine if a petition to the court in accordance with O.C.G.A. § 30-5-5, for an order authorizing such services and prohibiting interference therewith should be filed by the SAAG.
- If it is determined that a petition to gain access should be filed, the case manager shall contact the DAS Associate General Counsel who will work with the SAAG to file the petition with the appropriate court of jurisdiction.
- If the order is granted, the case manager should visit the client accompanied by law enforcement.

Engaging Resistant Clients

Adult Protective Services has the authority to investigate all reports of A/N/E per O.C.G.A. § 30-5-1 through 10.

The following steps shall be taken to engage resistant clients:

- Determine if scheduled face-to-face contact is preferred by the client

- Document attempts to engage the client.
- Gather other information i.e., collateral contacts to obtain information about the client's situation and possible risks.
- Contact the reporter and/or service providers to facilitate access to client.
- Consult with the supervisor.

References

O.C.G.A. §30-5-5
HIPAA Notice of Privacy Practices Form
Release of Information Form

3005 Collateral Contact Interviews

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Collateral Contact Interviews	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3005	**Previous Update:**	

Summary Statement

As provided under O.C.G.A. §30-5-5 the investigation shall include consultation with others (collateral contacts) who may have knowledge of the facts of the particular case. Collateral contacts and evidence are a mandatory part of a fact-based investigation.

Basic Considerations

Case managers shall have contact with all persons, including those alleged to be the perpetrator(s), witnesses and professionals who have knowledge of information about the subject of the report and/or situation putting the adult at risk.

Procedures

The case manager shall contact **all** interested parties as listed in the referral and any persons identified during the course of the investigation having knowledge of the client and their situation.

Collateral Contacts

Collateral Contacts include but are not limited to:

- Reporter
- Other DHS Divisions or community agencies working with the client.
- Institutions such as banks, medical providers/hospitals, pharmacies, utility/rent providers, police or emergency services,
- Caregiver(s)

- Neighbors, friends and/or relatives in the community mentioned at the time of intake and/or during the investigation
- Power of Attorney
- Guardian/Conservator

Interviews with a minor, under age 18, should be done only when potential information shared is relevant to the investigation. Permission from the minor's parent or legal guardian is required. APS Supervisory staff should be consulted if the assigned investigator is unclear if the interview of a minor is necessary.

Interviewing Collateral Contacts

All contacts with collaterals will be documented in the client case record per the Documentation and Contact Standards Policy.

Case managers shall ensure that collaterals contacts understand the purpose and authority of APS to investigate A/N/E. Collateral contacts are not privileged to investigative findings and the information gathered must not be shared with others.

APS case managers will provide their contact information so that a collateral source may call and update information if necessary.

3006 Alleged Perpetrator Contact

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Alleged Perpetrator Contact	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3006	**Previous Update:**	

Summary Statement

APS staff shall make face-to-face contact with the alleged perpetrator during the investigation/assessment unless such contact might further endanger the disabled adult/elder person.

Basic Considerations

Attempt to interview the alleged perpetrator, except when:

- contacting/interviewing the alleged perpetrator would or could place the client at greater risk of continued abuse and/or neglect;
- requests from law enforcement that the alleged perpetrator not be interviewed; or
- identity of the alleged perpetrator is unknown.

Procedures

Case managers will inform the alleged perpetrator (AP) that an APS report has been received and

shall request a face-to-face interview with the alleged perpetrator and address the specific allegations. The identity of the reporter must not be revealed.

Case managers will ask for the names of any individuals whom the alleged perpetrator believes should be interviewed.

The APS case manager shall summarize the interview and next steps with the alleged perpetrator. Case managers will leave their name and phone number with the alleged perpetrator. If possible, schedule any future appointments/interviews at the time of the initial AP interview.

Risk Posed by Alleged Perpetrator

If the AP refuses a face-to-face visit, the case manager should attempt to interview the AP and address the specific allegations via telephone.

Risk to Client

In cases where contacting the alleged perpetrator will put the vulnerable adult or APS staff at risk, the case manager will need to discuss the situation with their supervisor for input and direction.

If the AP poses a risk to the client's safety and/or well-being, case managers can:

- delay contacting the perpetrator until the client is safe and/or finances are secure

Risk to Worker

The APS case manager shall continuously assess for personal safety.

Prior to Interview

When the case manager believes that the AP is potentially aggressive and/or violent, based on the information provided in the intake report, the case manager may:

- request that their supervisor or co-worker accompany them on the interview;
- suggest that the interview be conducted in a public place;
- coordinate the interview with other collateral(s); or
- ask law enforcement to be present at the time of the interview.

During the Interview

If the AP becomes aggressive during the interview, and there is the threat of or the likelihood of harm, the case manager shall end the interview. Once safe, the case manager shall determine if law enforcement must be contacted immediately.

> **NOTE** Utilize the APS Field Safety Guide for identifying hazards in the office and in the field, managing crises and maintaining safety in the field.

References

APS Field Safety Guide

3007 Findings and Disposition

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Findings and Disposition	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3007	**Previous Update:**	

Summary Statement

The case manager shall use the information gathered during the investigation/assessment to make a final case disposition, of “Substantiated”, “Unsubstantiated” or “Inconclusive”. Additionally, the level of risk to the client based upon their personal vulnerability, social vulnerability and risk for further endangerment is determined. The findings and disposition shall be made within **45 calendar days** of acceptance of the report.

Basic Considerations

The final case disposition shall be supported by the documented evidence gathered, assessments and interviews with both the client and collaterals.

Disposition of Investigation

Cases will be evaluated in each area of maltreatment and given a disposition of substantiated, unsubstantiated or inconclusive. Thus, one case may have multiple dispositions.

Substantiated Disposition

Based upon evidence gathered and professional judgment, there is preponderance of evidence that abuse, neglect and/or exploitation **has** occurred.

Unsubstantiated Disposition

Based upon evidence gathered and professional judgment, there is preponderance of evidence that abuse, neglect and/or exploitation **has not** occurred.

Inconclusive Disposition

Based upon **insufficient** evidence to determine if abuse, neglect and/or exploitation has occurred. The subject of the report, key collaterals and/or collateral documentation was unavailable.

- Unable to Locate
- Death of client during investigation; and
- Cannot meet preponderance of evidence standard that A/N/E has or has not occurred;

Case managers shall make every attempt to gather information and evidence from independent sources prior to seeking a disposition of 'Inconclusive'.

Findings of Investigation

Based upon the comprehensive assessment, an overall level of risk will be evaluated on three factors: Personal Vulnerability, Social Vulnerability and Risk of Further Endangerment.

Personal Vulnerability

The inability to independently manage Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) due to a mental or physical impairment.

Social Vulnerability

The lack of a formal and informal support network to assist with management of ADLs and IADLs; and/or social isolation.

Risk for Further Endangerment

Factors present that indicate that A/N/E is likely to occur or reoccur:

- The client lacks or has refused needed resources to ensure safety and protection;
- The client has untreated physical and/or mental health concerns; or
- The client is isolated and lacks a support system.

Procedure

Procedures following Case Determination

The Supervisor shall review the case findings and approve case dispositions.

In all Substantiated and Unsubstantiated cases, decisions must be made based upon the level of risk if continuing services are needed. Client consent is required prior to pursuing services on their behalf. Services may include referrals to the ADRC, other providers, coordination with other supports, and/or short-term APS on-going case management.

The Client shall be made aware of specific areas of risk identified during the investigation and available options for mitigating identified risk.

Referral for Services including ADRC

Refer to Chapter 5 of this manual

Requirements for On-going Case Management

- Completed APS investigation;
- Client consent;
- Identified risk for endangerment; and
- Expectation that specific short-term intervention will result in mitigating the future risk of

A/N/E.

When services are refused, the capacity to understand outcome must be balanced against the level of risk if intervention does not occur. When capacity is low, and the level of risk is high where imminent threat exists, APS will evaluate to determine if additions legal step need to be taken to assure protection.

Substantiated

Disabled Adult and Abuse Report (DAAR) shall be sent to Law Enforcement on all substantiated cases, except self-abuse and self-neglect.

Adult Protective Services Investigators are responsible for forwarding the completed DAAR to Law Enforcement as soon as enough evidence is gathered to have a reasonable determination to believe that Abuse, Neglect or Exploitation has occurred.

If there is reasonable determination of A/N/E the final disposition statement within the electronic record shall reflect 'Personal Vulnerability', 'Social Vulnerability' and 'Risk for Further Endangerment'.

Unsubstantiated

If there is no evidence of Abuse, Neglect or Exploitation a DAAR will not be sent, however the final disposition statement in the DAS Data System will still reflect 'Personal Vulnerability', 'Social Vulnerability' and 'Risk for Further Endangerment'.

Inconclusive

A disposition of 'Inconclusive' will not result in a DAAR being sent to Law Enforcement. The DAS Data System shall include a summary statement reflecting a diligent effort to gather independent evidence to determine if A/N/E has occurred.

Supervisory Review

The Supervisor shall review the case findings and approve case dispositions. A disposition of **Inconclusive** will only be approved by the APS Field Operations Manager or APS Section Manager.

References

O.C.G.A. §30-5-4
O.C.G.A. §30-5-5

3008 Law Enforcement

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Law Enforcement	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3008	**Previous Update:**	

Summary Statement

When there is **substantiation** (preponderance of evidence that A/N/E is present), these facts shall **immediately** be sent via a written report to the appropriate Law Enforcement authority or District Attorney (which from here on shall be referred to as Law Enforcement). The Disabled Adult Abuse Report (DAAR) shall be sent if there is reasonable evidence of A/N/E anytime during APS involvement (Investigation and/or On-going Services) with a client. Adult Protective Services (APS) will also work closely and cooperatively with law enforcement to ensure the safety of both the APS client and worker.

Basic Considerations

All reports of A/N/E, with the exception of self-neglect/self-abuse, shall be forwarded to local law enforcement by the APS Case Manager upon receipt of a report. Substantiated reports of A/N/E, excluding self-neglect/self-abuse will also be reported to Law Enforcement along with case findings.

Confidentiality of APS records does not prohibit law enforcement from having access to APS records when conducting an investigation into any criminal offense in which a disabled adult or elder person is a victim.

Request by law enforcement for an APS record shall be sent on official letterhead to the reporting case manager.

Procedures

The Disabled Adult Abuse Report (DAAR) shall be used for reporting substantiated reports of A/N/E.

Completing the DAAR

Law Enforcement reports contain:

- the name of the client and basic identifying information (gender, age, dob, etc.)
- the name(s) of the APS case manager(s) for the case and contact information (note: if one CM investigates and another will provide on-going services, both names must appear on the report)
- the date/time period of the investigation
- the allegations at the time of APS intake
- the case manager's findings
- attachments (e.g. copies of bank statements) that provide forensic evidence obtained during the investigation
- names of witnesses with contact information
- the case findings on closed cases (if the client has accepted services, etc.)
- the name of the APS Supervisor and contact information

Investigations

The report to Law Enforcement must be completed and sent to the appropriate law enforcement jurisdiction or District Attorney's office **as soon as the allegation is substantiated but no later**

than the same date the investigation is closed.

Determination of findings, relevant information from collaterals or documentation (i.e. medical or bank records) received after the DAAR has been sent shall be forwarded to law enforcement as an addendum of the initial report.

On-going

Discoveries of A/N/E post investigation shall be sent to Law Enforcement via DAAR report.

Supervisor Approval

The supervisor shall review and approve all reports before they are submitted to law enforcement.

Transmitting Reports to Law Enforcement

Local APS staff shall communicate with local law enforcement officials to identify who will receive the reports and to standardize the protocol for submission.

- Name and contact information for the individual who will be responsible for receiving the DAAR;
- Preferred method of submission (i.e. email, fax, postal mail or hand delivery);
- Protocol for acknowledging receipt of reports; and
- Protocol for providing follow-up to APS prior to case closure.

Filing

A copy of the DAAR shall be retained in the client's electronic record.

Documentation

A corresponding case note in the electronic record must include a statement that a report was made to Law Enforcement and attach an electronic copy of the report to that note.

Special Circumstances

In cases where both the Case Manager and Supervisor have a strong belief that legal actions are warranted, the Case Manager shall call in a police report to the local authorities and the case number given at that time should be included in the Law Enforcement report.

On those cases where the Case Manager has taken the additional measure to call in a police report, the Case Manager shall follow up by the close of the Investigation with Law Enforcement to see if legal action has been taken against the alleged perpetrator(s).

Request for assistance from law enforcement may also be made when:

- unable to make an immediate face-to-face contact with a client whose health and safety may be at imminent risk;
- restricted access to the client;
- the report indicates the presence of weapons in the home;

- aggressive and/or violent behavior by the client or the alleged perpetrator is indicated in the intake report; or
- any situation where harm is believed to imminent.

> **NOTE** Utilize the APS Field Safety Guide for identifying hazards in the office and in the field, managing crisis and maintaining safety in the field.

References

Disabled Adult Abuse Report (DAAR)
O.C.G.A §30-5-4 Reporting of the need for protective services
O.C.G.A §30-5-7 Confidentiality of Public records
APS Field Safety Guide

3009 Guardianship and Conservator Petitions

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Guardianship and Conservator Petitions	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3009	**Previous Update:**	

Summary Statement

When APS determines that a disabled adult or elder person in need of protection cannot remain protected due to an incapacity and there are no sufficient alternatives to guardianship or conservatorship, a petition for the appointment of a guardian and/or conservator can be filed with a probate court pursuant to the Disabled Adults and Elder Persons Protection Act (O.C.G.A. § 30-5-5(e)).

Basic Considerations

Prerequisite findings presented to probate court for the appointment of a Guardian or Conservator are as follows:

Guardianship

- The court may appoint a guardian for an adult only if the court finds the adult lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.
- No guardian shall be appointed for an adult unless the appointment is in the best interest of the adult.

Refer to O.C.G.A. § 29-4-1

Conservatorship

- The court may appoint a conservator for an adult only if the court finds the adult lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property.
- No conservator, except a conservator for the estate of an individual who is missing or who is believed to be dead, shall be appointed for any adult except pursuant to the procedures of this chapter (O.C.G.A. Title 29 Chapter 5).
- No conservator shall be appointed for an adult unless the appointment is in the best interest of the adult.

Refer to O.C.G.A. § 29-5-1

> **NOTE** No guardian or conservator shall be appointed for an adult within two years after the denial or dismissal on the merits of a petition for the appointment of a guardian or conservator for that adult unless the petitioner shows a significant change in the condition or circumstances of the adult.

Alternatives to Guardianship and Conservatorship

Petitions for Guardianship and Conservatorship are to be filed only as a last resort. Consider alternatives provided by Georgia Probate Court before filing.

Procedures

Case managers, at minimum, shall consider the following whenever guardianship/conservatorship is contemplated.

Evaluating Cognitive Capacity

Can the adult:

- Understand information needed to make an informed decision?
- Give a plausible explanation for decision?
- Weigh the risks and benefits of options?
- Appreciate his/her own situation and its consequences?
- Communicate a choice?
- Score within the range of *"Normal"* cognitive functioning on the SLUMS? (Refer to 2007 Directing Reports to Other Investigative Agencies of this manual.)

If the answers are ***yes*** to all questions, then the adult has demonstrated the capacity to make informed decision. If the answer is ***no*** to one or more questions, then the adults capacity is in question and further evaluation is necessary.

Evaluating Level of Risk

- Is it likely that harm or abuse is occurring or will occur in the immediate future?
- Are protective services needed on an ongoing basis to prevent future harm or abuse?
- Do abusers pose on-going risk?
- Does the client have strengths or resources that can mitigate risk?
- Are informal supports available to help?

Risk Factors	Mitigating Factors
on-going protective services needed	Client Strengths
a/n/e likely to occur	Resources
abuser pose an on-going risk	Supports

The greater number of risk factors present the greater the risk. However, risk can be reduced by mitigating factors such as the client's personal strengths, resources and support system.

Balancing Capacity With Risk

When an adult's capacity is high, no matter what the level of risk, guardianship and/or conservatorship should never be an option.

High Capacity + Any Level of Risk = No Petition

When an adult's capacity is low and the level of risk high guardianship and/or conservatorship can be an option, once all other alternatives have been exhausted.

Low Capacity + High Risk = Guardianship as Last Resort

When an adult's capacity is unknown or not easily determined the level or type of risk will determine if guardianship and /or conservatorship are necessary.

Capacity Unknown + Any Level of Risk = Risk Determines Intervention

Limited Guardianship

The guardianships ordered pursuant to the official code of Georgia shall be designed to encourage the development of maximum self-reliance and independence in the adult and shall be ordered only to the extent necessitated by the adult's actual and adaptive limitations. The authority of the guardian may extend to all personal decisions affecting the protected person or may be limited in scope by the court. It is always preferable to pursue the least intrusive type of appointment that is appropriate to meet the individual's needs.

Filing

Completion of the Petition Filing Checklist, an exhaustive search for family or friends willing to assume legal responsibility, as well as Supervisory staffing and approval is required. Supervisory approval is based on information contained in the case record and Supervisor's visit with the adult being considered for guardianship to assure that a DHS Guardianship is only considered as a last resort.

Once approval is given, staff will provide the Petition Filing Checklist, along with a summary of findings to the Public Guardianship Office Section Manager and DAS Associate General Counsel. Staff should await feedback from the Public Guardianship Office prior to moving forward with the Guardianship petition.

Feedback may include but is not limited to:

- Alternatives to guardianship not previously considered;
- Additional methods for seeking out family and friends willing to assume guardianship;
- Limitation of Guardianship to resolve or mitigate presenting risk; or
- Request for a multidisciplinary meeting.

When a decision has been made to move forward with the Guardianship, the Assistant Associate General Counsel will contact the local SAAG (Special Assistant Attorney General) to file the petition on behalf of the Department.

Petitions filed on the behalf of the Department shall not recommend any entity other than the Department of Human Services be appointed guardian or the County Court Appointed Conservator to be conservator. Instead, it should request that a qualified, suitable and available Individual be appointed in accordance with O.C.G.A § 29-4-3 (Guardianship of Adult) and § 29-5-2 and 29-5-3 (Conservator of Adult).

APS staff may submit a completed electronic copy of the "Petition for Appointment of a Guardian and /or Conservator for a Proposed Ward" form to the SAAG. In lieu of the petition, APS staff should provide information to the SAAG to complete the petition.

Information required by law to file the petition will be gathered to the extent possible by the APS case manager and submitted to the SAAG.

Petition Writing

Petitioner

The First Petitioner shall be listed as follows:

APS staff members name, Georgia Department of Human Services, Division of Aging Services, Adult Protective Services, pursuant to the Disabled Adult and Elder Persons Protection Act, O.C.G.A. §§ 30-5-1, et seq.

It is preferred that a Physicians Affidavit or that of a Licensed Clinical Social Worker (LCSW) be used in lieu of a Second Petitioner. If it is not possible to get an Affidavit, a Second Petitioner can be used as a last resort. The Second Petitioner must be a DHS employee who is not of the same title and level of supervision (e.g. Case Manager/Supervisor, Supervisor/District Manager or Case Manager/District Manager). The second petitioner is required to meet with the adult prior to filing.

Facts Supporting the need for a Guardian/Conservator

Provide specifics about the type of incapacity that warrants the appointment of a Guardian/Conservator. Restrict comments to the facts (what has been seen or heard) and refrain from giving opinions.

Notice

Every effort must be made to identify by name, address and telephone number at least two adult relatives or close friends who will be sent notice of the petition and any subsequent hearings. (Refer to O.C.G.A. § 29-4-10 (b)(7) for the order of preference).

Assets, Income and Expenses

An accounting of the adult's assets and expenses must be listed in the petitions. Petitions shall include the following:

- Real Property (homes or land owned by the adult alone or in joint ownership);
- Income (i.e. Social Security, SSI, Retirement Benefits, Veterans Benefits, and any other income);
- Personal Property (bank accounts, stocks, bonds, businesses, automobiles and any other valuables);
- Debts owed on any real or personal property (including credit cards); and
- Monthly expenses.

Length of Time in Georgia

Notify the SAAG if the individual for whom a petition for guardianship is being filed has not resided in the state of Georgia for six consecutive months. Under such conditions Georgia probate court can exercise "special jurisdiction" if the individual has a significant-connection to this state and:

- the individual has no home state or the home state has declined to exercise jurisdiction; or
- a petition or order is not pending in the home state.

For any such person, a petition in Georgia will be required to list the prior non-Georgia address and specifically what state. Further, it may require that the petitioner reach out to any prior neighbors, friends, or family who reside in that prior state.

Refer to § 29-11-12.

After Filing

Once a Petition has been filed the following steps must be taken:

1. Open case for APS on-going services pending hearing and court decision.
2. Contact should be made with the Public Guardianship Office (PGO) informing them of all hearing dates related to the proposed Guardianship.

> **NOTE** Notification and staffing with PGO are not required when petitioning solely for conservatorship.

DHS Guardianship Appointment

If DHS is appointed Guardian on an active APS case, APS will complete all documentation in the DAS Data System and provide a copy of the hard record to PGO within 10 business days. The origi-

nal record shall remain with APS.

If DHS is appointed Guardian prior to the completion of the APS investigation, standard APS investigation policy and procedures shall be followed.

No actions, other than those required as a part of the APS investigation, shall be taken by APS on behalf of the newly appointed DHS Person under Guardianship unless requested by PGO staff.

If PGO is not present at a hearing where DHS is appointed guardian, APS shall immediately send an email to the PGO Field Operations Manager notifying them of the appointment. APS staff shall take the oath on behalf of the Department if PGO staff is unavailable and PGO request that such actions be taken on their behalf. All applicable Court documents will be submitted to PGO staff.

Temporary Substitute Guardian

When DHS is appointed Temporary Substitute Guardian during either an APS investigation or On-going case then APS will follow standard DHS guardianship appointment procedures.

Appointment of a Conservator or Non-DHS Guardian

When a Conservator or Guardian other than DHS has been appointed an APS on-going case can be opened or remain open in order to provide continuity of services and to ensure a smooth transition.

References

O.C.G.A. § 30-5-5
O.C.G.A. Title 29 Chapter 4 Guardian of an Adult
O.C.G.A. Title 29 Chapter 5 Conservator of an Adult Alternatives to Guardianship
O.C.G.A. § 29-11-12
Probate Court Forms Petition Filing Checklist

3010 Emergency Petitions

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Emergency Petitions	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3010	**Previous Update:**	

Summary Statement

The filing of an Emergency Guardianship/Conservatorship shall only be filed when there is an immediate, clear, and substantial risk of death or serious physical injury, illness, disease and/or irreparable waste or dissipation of the adult's assets.

Basic Considerations

Procedures are identical for DHS filing of Emergency and Standard Guardianship and Conservator-

ship petitions.

Refer to 3009 Guardianship and Conservator Petitions of this manual.

Procedures

DHS Emergency Guardianship Appointment

When the petition filed by APS results in DHS being appointed the Emergency Guardian, APS and PGO must evaluate the need for a permanent guardianship. If permanent guardianship is needed, APS will consult with the SAAG to complete the petition for permanent guardianship.

"Special Jurisdiction" Emergency Guardianship

Notify the Special Assistant Attorney General "SAAG" if the individual for whom a petition for guardianship is being filed has not resided in the state of Georgia for six consecutive months. Under such conditions Georgia probate court may lack jurisdiction under § 29-11-12, refer to MAN 5500 Section 3009 Length of Time in Georgia and the Official Code of Georgia (O.C.G.A. § 29-11-12), however the court may have "special jurisdiction" to:

- Appoint an emergency guardianship;
- Issue a conservatorship order in respect of personal property located in this state; or
- *"Appoint a guardian or conservator for an incapacitated person or protected person for whom a provisional order to transfer the proceeding from another state has been issued..."*

> **NOTE** The emergency guardianship length can vary from 60 to 90 days depending on the client's home state.

Read all emergency orders carefully to determine length of order.

Refer to O.C.G.A. § 29-11-13 and § 29-4-16.

The APS case will remain open or be opened in on-going status while the adult is evaluated for the need for permanent guardianship.

The APS Case Manager shall conduct an interview with:

- the adult under emergency guardianship;
- the adult's primary caregiver;
- and PGO case manager

within 10 calendar days of the emergency guardianship being appointed.

> **NOTE** An Emergency and Permanent Guardianship/Conservatorship petitions can be filed together when it is clear that a permanent guardian/conservator is needed.

References

O.C.G.A. § 30-5-5 Investigation of reports of need for protective services; interference with investigation; provision of protective services
O.C.G.A. 29, Chapter 4 Guardian of an Adult
O.C.G.A. 29, Chapter 5 Conservator of an Adult Alternatives to Guardianship and Conservatorship
Alternatives to Guardianship with Advance Directives
O.C.G.A. § 29-11-12 Requirements for jurisdiction
O.C.G.A. § 29-11-13 Special jurisdiction; emergency appointment of guardian
Probate Court Forms
Guardianship Filing Checklist

3011 Case Transfers and Courtesy Visits

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Case Transfers and Courtesy Visits	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	3011	**Previous Update:**	

Summary Statement

When it is discovered that an adult who is the subject of an Adult Protective Services (APS) investigation is no longer present in the Region, District or State a request will be made to the protective services entity where the adult is located.

Request from other Regions, Districts and States will be accepted by local staff in accordance with the following procedures.

Basic Considerations

Residency requirements for APS state that any adult present in the State of Georgia is deemed a resident of Georgia for purposes of an APS investigation. (Refer to 2004 Residency of this manual.) If during the investigation the adult has left the state with no intention of returning or will be gone for a prolonged period of time they, will no longer meet the residency requirement.

Georgia APS is a state-wide agency and staff may be directed to investigate or provide assistance outside their normal coverage area. Clients may be mobile and move around the state for medical treatment, disruptions in placement as well as for various other reasons. At times it may be impractical due to time and expense of travel for a case manager to conduct a face to face interview with a client who is temporarily residing somewhere other than their permanent home.

Definition

Courtesy Visit

One or more contacts with a client and/or collateral on behalf of another state or by request of another APS District or Region.

NOTE Investigations shall be client centered and therefore the residency of the client shall dictate region/district where the case is assigned even if the investigative collaterals are located in another region/district.

Procedures

Out of State Request

Request made from other states will be transmitted to local offices via Central Intake (Refer to 2010 Reports of A/N/E from Out-Of-State Reporters of this manual).

Once a request is received by APS staff they have up to 10 calendar days to make a face-to-face visit with the adult.

The visit shall be conducted for the purpose of gathering information requested by the other state.

After the visit, the Out-of-State Request Reporting form will be completed and submitted to the requesting party by email or U.S. Postal Service. An electronic copy will be sent to the Central Intake Supervisor to enter in to the intervention notes.

If the adult is at risk and that the case does meet criteria for investigation; a report will be called into Central Intake and processed as a standard intake report.

In State Requests

Request made from within Georgia will be transmitted from one Supervisor or District Manager to their counterpart in another Region/District. In state courtesy visit requests shall be made for those clients who have temporarily relocated.

The requesting party shall inform the area conducting the courtesy visit of the nature and purpose of the visit, listing out any areas of concern that need to be addressed and/or documents that need to be completed, given to or received from the client/collateral at the time of the visit.

Courtesy Visit Interview

The procedures followed during a courtesy visit will vary depending on the purpose of the interview.

Initial Interview with Client

During the initial interview with the client staff shall follow the procedures as presented in 3004 Client Interview of this manual.

Collateral Interviews / Subsequent Interview with Client

Address concern provided by the requesting party, as well as any issue of concern reveal at the time of the interview.

NOTE Documentation of courtesy visits will be completed by staff member conducting

the visit and enter into the DAS Data System within 10 calendar days.

References

Out-of-State Request Reporting form
Aging Services MAN5500: Adult Protective Services - Section 2004 Residency
Aging Services MAN5500: Adult Protective Services - Section 2010 Reports of A/N/E from Out-of-State Reporters
Aging Services MAN5500: Adult Protective Services - Section 3004 Client Interview

3012 Documentation

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	3000 Investigation and Assessment	**Effective Date:**	
	Section Title:	Documentation	**Reviewed or Updated in:**	MT 2020-01
	Section Number:	3012	**Previous Update:**	

Summary Statement

Adult Protective Service (APS) records are business records of the Department and thus must reflect true, accurate and unbiased information.

All statements, observations, notification, correspondence and hard copy evidence used to evaluate the client's condition and needs, as well as actions taken by APS on behalf of the client must be placed into the record.

Purpose

Documentation provides a detailed and accurate picture of the investigation, assessment and service activities that will allow APS to:

- demonstrate the need for services;
- provide case history that can mark improvements, as well as deterioration;
- take appropriate actions based on the recorded evidence;
- provide continuity of service;
- evaluate adherence to policies and procedures; and
- provide evidence when legal actions are taken.

Components of a Case Record

The case record consists of:

- Electronic case notes, which are the chronological narrative of contacts made with, or on behalf of, the client;

- DON-R assessment
- SLUMS assessment
- APS A/N/E assessment
- Other assessments, as appropriate
- A signed HIPAA Notice of Privacy Practices form
- A signed Release of Information
- Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
- Case closure summary
- Documentation of all supervisory approvals and case consultations.

Procedures

APS documentation consists both of a physical record and an electronic record.

Physical Record

Maintaining a physical record requires staff to file:

- A printed copy of the Adult Protective Services Intake Report
- A printed copy of the acknowledgement letter (Refer to 2006 Acknowledgments of this manual).
- A signed and dated copy of the HIPAA Notice of Privacy Practices form or unsigned and dated copy of this form, with a written statement of why the form was not signed (e.g. client unwilling to sign, client unable to sign due to paralysis).
- A signed and dated copy of the Release of Information form or unsigned and dated copy of the Release of Information form, with a written statement of why the form was not signed (e.g. client unwilling to sign, client unable to sign due to paralysis).
- Any physical documents obtained by APS staff and mentioned in case notes and/or used as a determining factor when making the Disposition and/or Findings. These documents may include but is not limited to:
    - Bank records;
    - Household bills;
    - Medical records;
    - Rental Agreements/Deeds;
    - Powers of Attorney/Letters of Guardianship/Conservatorship;
    - Tax Records;
    - Release of Information;
    - Correspondence; and
    - Evidence obtained via internet search.
- A physical copy of any correspondence or documents completed on behalf of the client, which

may include but is not limited to:

  - Referrals for resources;
  - Guardianship and/or Conservatorship petitions;
  - Request for records; and
  - Correspondence (written and/or electronic) sent to the client and/or collaterals.

- Completed assessments not available in electronic form (e.g. UAB Financial Capacity Assessment).
- Physical records shall not be removed from office.

> **NOTE** **Do Not** print records obtained digitally.

Refer to Appendix A Record Keeping for guidance maintaining the physical record.

Electronic Record

Maintaining an electronic record requires staff to document all statements, observations, assessments, notifications and hard copy evidence.

All electronic documentation must be completed within 10 calendar days of the activity.

Unsuccessful Contacts must be documented.

Attach to the electronic record all hard copy evidence, pictures, text, audio files and assessments not completed in the electronic record with a corresponding note containing a description of the evidence.

Description shall include:

- the time which the activity was completed, or the documents obtain;
- the reason for or circumstances under which the activity was completed; and
- a description of the activity (i.e. assessment outcome, description of photos, summation of correspondence).

Hard Copy Evidence containing original signatures and legal documents will be maintained in the physical record. All other evidence (e.g. medical records, bank records, correspondence etc.) will be shredded or returned to the original owner.

Required Activities – An explanation must be given when required activities are not completed during the assessment and investigation (*e.g. Interview was not conducted with the alleged perpetrated per request from law enforcement*.)

(Refer to 3002 Investigation and 3003 Assessment Conducted of this manual for a list of required investigation/assessment activities.)

Case Closure

The case disposition and findings must be recorded in the electronic record. A disposition will be documented for each area of maltreatment (abuse, neglect, exploitation, sexual abuse, self-neglect and self-abuse). The case findings will be documented in the Justification Statement. The Justification statement shall include a brief but clear statement identifying:

- the case disposition(s);
- findings addressing the client's personal vulnerability, social vulnerability and risk for further endangerment;
- and what will or will not occur as a next step, and why.

Modifications

Once the disposition(s) and findings have been documented the case shall be submitted for approval by the supervisor.

The Supervisor must indicate in the record concurrence with the disposition and finding. Non-concurrence by the Supervisor will result in the case being reopened.

Guidance will be given to the case manager indicating what additional actions need to be taken before concurrence can occur. Supervisors have 5 calendar days to complete these actions.

In order to preserve the integrity of the record, changes **shall not** be made to documentation after it has been saved.

Documentation errors made (i.e. misspelled words/names, incorrect telephone numbers or addresses, grammatical errors, etc.) will remain in the record. If the errors represent a misstatement of facts or could lead to the misinterpretations by a reader, an additional case note must be added, which is identified as a **correction** or **modification** to a specified entry and clarifies/corrects the identified error.

Correction to collateral contact with Mrs. Smith on April 3rd, 2014. Case manager documented that "Mrs. Smith witnessed client's mother slap client across the face". Documentation should have read that "Mrs. Smith did not witness…

Note Exception: If information concerning another client, unrelated to the case, has been accidentally put into the wrong client's documentation, removal of this case note shall only be made with supervisory and state office approval.

Request for modification exceptions will be made via email to the Operations Analyst with a copy to the Supervisor and District Manager.

Reference

Record Keeping
HIPAA Notice of Privacy Practices Form
Release of Information Form

4000 Service Delivery and Case Management

4001 Introduction

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	Introduction	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4001	**Previous Update:**	

Summary Statement

If as a result of an investigation conducted under this chapter the director determines that a disabled adult or elder person is in need of protective services, the director shall immediately provide or arrange for protective services for any disabled adult or elder person who consents thereto O.C.G.A. § 30-5-5(c).

Protective Services are defined as "services necessary to protect a disabled adult or elder person from abuse, neglect, or exploitation (A/N/E). Such services shall include, but not be limited to, evaluation of the need for services and mobilization of essential services on behalf of a disabled adult or elder person" O.C.G.A. § 30-5-3(15). The mobilization of services to reduce the risk of A/N/E may extend beyond the 45 days allotted to complete an Adult Protective Services (APS) investigation (*refer to chapter 3 of this manual for investigation policy*). When this occurs, the case shall be moved into a status of On-going Protective Services.

Basic Considerations

Adult Protective Services Case Managers have a dual role; one is Investigator and the other is Case Manager. As investigators, APS staff are required to work with law enforcement agencies, legal services, the court system and a variety of agencies depending on the nature of the case to gather information and complete an analysis in order to substantiate or unsubstantiate the alleged abuse, neglect and/or exploitation. In the role of case manager, APS staff must identify and, with the permission of the client, coordinate essential services to meet the protective services needs of the client.

Adult Protective Services is not intended to be a long-term care service. On-going Adult Protective Services are provided to reduce the risk of ongoing or future A/N/E. The case manager's role is to address the variety of needs and complexities in the client's life while at the same time managing the delivery of services and coordination with a variety of providers. APS case managers should avoid duplication of services by coordinating with other service providers who can provide needed services. This will assist APS to close on-going cases with the knowledge that the client has the necessary resources to reduce their risk for further maltreatment and/or self-neglect.

Procedure

Once the adult has been evaluated to be in need of Ongoing Protective Services, during the investigation process, a dialog shall be conducted with the adult who is the subject of the investigation

and/or designated caregiver to discuss service needs and options. The adult shall be presented with the option to have APS assist in the mobilization of agreed upon services. If permission for assistance is approved by the adult, they shall be placed into either **Short-term On-going Services** or **Standard On-going Services** depending on the estimated time required to deliver said services and the type of Services needed.

The On-going case shall be terminated when:

- the client is no longer at risk of A/N/E;
- fails to meet the criteria for APS on-going services:
  - moves to a long-term care facility;
  - is placed under the guardianship of the Department of Human Services; or
- when the client no longer desires ongoing protective service intervention.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-1, et.seq.

4002 On-Going Service Types

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	On-Going Service Types	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4002	**Previous Update:**	

Summary Statement

On-going services may be provided to vulnerable adults with the expressed goal of assisting the adult to live safely in their own home, setting of their choosing or least restrictive environment. This goal is achieved through two possible methods:

- Short-term On-going Services; and,
- Standard On-going Services.

Basic Considerations

At the conclusion of the APS investigation and assessment, the APS case manager shall address the determination for the need for essential services as well as possible essential services available with the client, caregiver and/or significant others involved in the outcome or solution to reduce further risk. The DON-R assessment, completed in the initial investigation/assessment, is one significant tool designed for structured decision making that focuses on the client's unmet needs that potentially place the client at risk. Risk identified in the investigation and assessment provides the foundation of an ongoing case plan.

Requirement for Service

Adults who have been the subject of an Adult Protective Services (APS) investigation, have at least one unmet need and as a result of that need not being met is at risk for continued or future Abuse, Neglect and/or Exploitation (A/N/E) are eligible for On-going case management services.

Short-Term Ongoing Service

Services shall be opened for the following reasons:

- To conduct follow-up on referrals made to the Aging and Disability Resource Connection (ADRC);
- To assist adults utilizing Temporary Emergency Respite Funds (TERF) in securing long-term housing alternative; or
- To monitor adults with pending Guardianship and/or Conservatorship proceedings as a result of a petition filed by APS.
    - Consent is not required;
    - No case management provided when consent is not given; and
    - Opened for monitoring purposes only.

Standard On-going Services

Services shall be provided as a result of a determination that a disabled adult and/or elder person is at risk of abuse, neglect or exploitation and the client consents to services. **Client's consent is required for Standard ongoing APS**.

Needed services shall address the following issues:

- Problems related to home management;
- Food insecurity;
- Lack of or insufficient In-home care;
- Need for alternative living situation;
- Help accessing medical, legal, health and other resources; and
- Advocacy to obtain entitled assistance (e.g. social security benefits, Veterans benefits etc.).
- Other issues as identified by the DON-R or other Assessments.

Procedure

Short-Term On-going Service

Services shall not exceed **90 Calendar Days**. Short-term On-going Services may eventually become Standard On-Going Services, if the service needs extend beyond 90 days and criteria is met for Standard On-going Services. In such situations the case shall be closed as Short-term and re-opened in Standard status. Reasons for change in status may include but are not limited to changes in circumstances due to:

- Deterioration in physical or mental health status;
- Changes in living situation; or
- New allegation

When reopening a case in Standard On-going Services supervisory approval is required and a formal **Case Plan shall be completed within 10 days** of the change in status. Please *refer to Case Plan policy in section 4005 of this manual.*

Standard On-going Services

The decision to provide standard ongoing APS intervention and targeted case management must reflect the least restrictive alternative for protection of the client and be carefully documented.

Services intervention must be planned and purposeful. Services shall be **re-evaluated 6 months** from the start of services and shall not be continued without supervisory approval.

The case manager is responsible for directing/managing case activities including:

- Develop and implement the Case Plan, involving the client;
- Arrange and coordinate services;
- Discuss with the client, family and service providers the effectiveness of services toward achieving goals.
- Involve the client, to greatest extent possible, in all aspects of service provision.
- Review services, progress toward goals and continuing risk factors during monthly contact with client/family/providers.
- Document, in the case record, all contacts and activities related to the case.
- Make casework decisions with supervisory consultation, input and approval.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-1, et.seq.

4003 On-Going Adult Protective Services – Consent to Service

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	On-Going Adult Protective Services – Consent to Service	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4003	**Previous Update:**	

Summary Statement

In accordance with O.C.G.A. § 30-5-5(c), On-going Adult Protective Services (APS) shall be provided as a result of a determination that a disabled adult and/or elder person is at risk of abuse, neglect or exploitation and the adult consents to services.

Basic Considerations

Protective services may not be provided under this chapter to any person who does not consent to such services or who, having consented, withdraws such consent. Nothing in this chapter (O.C.G.A. § 30-5-1 thru 10) shall prohibit the department from petitioning for the appointment of a guardian for a disabled adult or elder person pursuant to Chapters 4 and 5 of Title 29. O.C.G.A. § 30-5-5(e)

Client's consent or the consent of the legal guardian is required for on-going APS except when a legal intervention i.e. petition for guardianship/conservatorship has been filed. Communication with anyone other than the client or the client's legal guardian shall only be done with the consent of the client or guardian. This applies to all parts of this policy section where discussion of the Ongoing Client's case with any caregivers, family, or providers in mentioned Consent can be withdrawn by client at any time.

Procedure

Consent Required

The client and/or their legal guardian must demonstrate consent for Standard Ongoing Services through the signing of the Case Plan developed by the Case Manager in accordance with the wishes and needs of the client.

Clients who have given verbal consent for APS to make a referral for services through the Aging and Disability Resource Connection (ADRC) may be moved into **Short-term Ongoing** services for the purpose of follow-up that extends beyond the 45-day investigation period.

Cases where Temporary Emergency Respite Fund (TERF) have been used, consent shall extend to **Short-Term Ongoing** services for the purpose of assuring a stable living arrangement only. If TERF services exceeds days allowable through the program, and no appropriate and willing individual has been identified to take responsibility for the adult, the Division of Aging Services will assist in finding a more permanent and appropriate living situation for the TERF recipient. Any other service provided to the TERF recipients shall not be given without the written or verbal consent of the adult.

Consent Not Required

When APS petitions for the appointment of a Guardian and/or Conservator a case shall be opened for Short-term On-going services pending the decision of the court.

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-5

4004 New Allegations During On-Going Case Management

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	New Allegations During On-Going Case Management	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4004	**Previous Update:**	

Summary Statement

If a report of a disabled adult or elder person's abuse, neglect, or exploitation is made to an adult protection agency or independently discovered by the agency, then the agency shall immediately make a reasonable determination based on available information as to whether the incident alleges actions by an individual, other than the disabled adult or elder person, that constitute a crime and include such information in their report. If a crime is suspected, the report shall immediately be forwarded to the appropriate law enforcement agency or prosecuting attorney. (Refer to O.C.G.A. § 30-5-4(b)(1)(A))

Basic Consideration

Procedures will be the same for both Short-term and Standard On-going Services.

Procedure

Law Enforcement Reporting Requirements

If a new allegation is reported to Adult Protective Services (APS) via Central intake or independently discovered by APS, the electronic report shall be sent to Law Enforcement within 1 business day of APS becoming aware of the situation.

Allegations shall be forwarded to Law Enforcement via:

- The Central Intake Intervention Report; or
- When independently discovered by APS field staff, by completion of the New Allegation form

Investigation of Allegation

The On-going Case Manager shall investigate all new allegations. Investigations shall include:

- Face to Face contact with client within 5 calendar days of the discovery of the new allegation;
- Completion of Abuse, Neglect or Exploitation Assessment; and
- Completion and reporting of Disabled Adult and Elder Persons Abuse Report (DAAR) if allegations are substantiated.

(*Refer to Chapter 3 of this manual for policy and procedures regarding reports to Law Enforcement*)

4005 Case Planning

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	Case Planning	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4005	**Previous Update:**	

Summary Statement

The Initial Case Plan shall be completed within 10 calendar days from the date of the Initial Determination of need for on-going Adult Protective Services (APS).

Basic Consideration

The Case Plan is the basis for the activities that the case manager, client, family and other resources do to reduce risk and ensure that basic needs are met.

Procedure

Standard Ongoing

The client shall be actively involved in the planning process to the greatest extent possible.

- Ongoing APS clients must not only consent to ongoing services but should also understand the purpose and intended outcome of the case plan. (*Refer to O.C.G.A § 30-5-5(c) for legal requirement for consent*).
- Strengths, needs, goals and steps should be discussed and agreed upon with the APS client (*refer to chapter 1 of this manual for APS Guiding Principles*).
- Case Goals and Steps shall be written in the plan with dates for expected completion of each step and goal.
- Case Plans shall not extend beyond 6 months without a formal redetermination and review of initial plan
- APS case manager shall visit with the client at least once every month.
- APS case managers shall document discussions and achievements of the case plan goals and steps at monthly visits with the client, and with any others that might have knowledge or otherwise be participating in the case plan (collateral contacts). This is the primary task of ongoing case management visits each month.
- The APS case manager shall discuss with the client factors that keep the ongoing APS client at risk.

Signature Requirement

The client must sign (or make his/her mark) the Case Plan as written documentation of his/her commitment to the plan. Failure to do so will prevent APS from moving forward with ongoing service provisions.

Signature exception:

- if the client was unable to sign the case plan but the client has given verbal agreement; or
- if the adult is a person under guardianship, the legal guardian can sign as the adult's legal representative.

> **NOTE** Verbal consent must be documented in the case record.

Additional Signatures:

- Case Manager
- Supervisor
- Other individuals taking a significant role in the goals and steps of the plan (i.e. caregiver, partner, adult child)

> **NOTE** The case plan is not a legal document. Signatures are requested to demonstrate commitment on the part of all parties to the plan. Refusal by other involved individuals to sign the plan will not affect APS' ability to provide ongoing services.

The signed Case Plan shall be filed in the client's physical case record and uploaded into the electronic case record. The client shall be given a copy of the signed plan.

Short-Term Ongoing

A standard Short-term case plan shall be completed for all Short-Term Ongoing cases.
On the standard form, located in electronic data management system, identify the specify service being provided through the Short-term ongoing service:

- TERF permanency
- ADRC follow-up
- Guardianship/Conservatorship petition pending

The plan shall be printed out and a copy provided to the client.

Signature Requirement

Plan shall be presented to client for signature. The signature of the client or legal representative is optional. Client's refusal to sign the case plan will not affect case manager's ability to provide ongoing services as long as all other consent standards have been met (*refer to section 4003 of this chapter*).

References

Georgia's Disabled Adults and Elder Persons Protection Act, O.C.G.A §30-5-1, et.seq.

4006 On-Going Case Contacts

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	On-Going Case Contacts	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4006	**Previous Update:**	

Summary Statement

Adult Protective Services (APS) shall maintain contact with client, concerned collateral contacts and all others essential in providing services and/or mitigating risk.

Basic Consideration

Ongoing contact standards are the same for both Standard and Short-term ongoing services.

Procedure

Client Contact

A minimum of **one** face-to-face contact with the APS client will occur at least once every month.

During the visit, case manager will:

- speak with the client alone;
- address all elements of the client's case plan;
- assess risk and service provision; and
- observe for the client's needs and well-being.

The APS client should be visited in his/her home environment. When requested by the client, face-to-face monthly contact may occasionally occur at a place away from the client's home such as at a day program, doctor's office, senior center, etc. The case manager may also request to visit with the client away from their home. If client consents to such a visit, case manager shall assure that confidentiality standards are observed. (*Refer to 1004 Guiding Principles in Adult Protective Services of this Manual.*)

Collateral Contacts

A minimum of one collateral contact per month is required during ongoing services. Contact shall be made by telephone or face to face.

Collateral contacts shall be made with persons who are directly involved in the provisions of the case plan and/or have knowledge of the client's current situation. The case manager shall contact as many caregivers, relatives, friends, service providers, and health care providers as needed to effectively manage the case and meet case plan objectives. During such visits, confidentiality standards will continue to be observed. (*Refer to 1004 Guiding Principles in Adult Protective Services of this*

Manual.)

4007 On-Going Case Redetermination and Closure

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	On-Going Case Redetermination and Closure	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4007	**Previous Update:**	

Summary Statement

Adult Protective Services (APS) shall terminate Ongoing services to clients, and professional relationships with them, when such services and relationships are no longer required or no longer serve the clients' needs or interests.

Basic Consideration

Closing a case is a matter of judgment. APS staff apply the standards of reasonable effort, resolution, and stability on a case-by-case basis. Reasonable efforts do not include keeping a case open indefinitely in the eventuality that a resource will become available or making a positive outcome an absolute condition for closure. Some clients may not qualify for available services or may not accept the services offered. It is the client's right to refuse services.

Procedure

All APS Ongoing cases will be terminated when:

- Services have been provided, the goals met, client is no longer at-risk and in need of Protective services intervention; or
- Necessary services are being provided from other sources and APS are no longer necessary; or
- The client withdraws consent to ongoing services; or
- A caretaker, Conservator, or Guardian becomes available who can and will protect the client to the extent the client is no longer at risk; or
- The client moves into an environment (such as a Nursing Home, Personal Care Home or relative's home) that will afford the protection and basic daily needs and no change or problems are anticipated; or
- The client dies.

Short-Term Ongoing

When a case has reached its maximum 90 days in short-term ongoing status and case plan goals have not been met, the short-term ongoing case shall be closed and that case will be reopened as an Extended Ongoing case. All transfers require supervisory approval. (Refer to 4002 On-Going Service Types of this manual for guidance on reasons for moving a case from short-term to extended ongo-

ing status.)

Standard Ongoing Redetermination

APS case managers shall constantly reevaluate changes in client's well-being and needs. When there are significant changes in the client's mental status, physical status or ability to achieve safety with the current case plan, a redetermination shall be conducted.

The Redetermination shall consist of:

- Conversation with the client to discuss current strengths, needs and feasibility of the case plan;
- New Determination of Need-Revised (DON-R) assessment; and
- Risk Assessment Tool (RAT) assessment.

If it is determined that a revision of the case plan will extend the ongoing case beyond 6 months, the case may be extended for up to an additional 6 months. The existing case plan will be closed, and new plan created to reflect new goals as identified by client and case manager.

All extensions require supervisory approval. If further guidance is needed, staff shall consult with their District Manager.

Client consent for extension of services is required. Case Plans must be signed by client (refer to 4004 New Allegations During On-Going Case Management of this manual for additional signature requirements).

4008 Documentation

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	4000 Service Delivery & Case Management	**Effective Date:**	
	Section Title:	Documentation	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	4008	**Previous Update:**	

Summary Statement

The Adult Protective Services staff shall enter into the client's case record written documentation describing findings, actions, activities and contacts with or on behalf of the client receiving APS.

Basic Consideration

Documentation includes:

- Information that is clear, factual and complete within 10 calendar days of documented action.
- Information regarding referrals and collateral contacted on behalf of the client.

Information describing the social, physical and mental status of the adult.

Statements and actions by the client, caregiver, service providers and collateral contacts that are relevant to the service provision, risk reduction and case management

Procedure

All actions are documented in the electronic case record:

- Date of contact;
- Type of activity (telephone contact, home visit, etc.);
- Who was involved (i.e. name, title, relation to client of person contacted) and whether the client was seen;
- The purpose of the contact;
- Significant information and/or observations;
- Assessment related to the progress toward the case plan goals;
- The result of the contact and plan for next contact.
- Any documents completed or obtained on behalf of the client as a part of ongoing service provisions will be uploaded into the electronic case record.

A physical record will also be kept and contain any documents with original signatures and any legal documents. (Refer to 3012 Documentation of this manual for additional policy and procedure related to documentation and record keeping)

6000 A/N/E MDT

6001 Introduction

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	6000 Multidisciplinary Team	**Effective Date:**	
	Section Title:	Introduction	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	6001	**Previous Update:**	

Summary Statement

The District Attorney of each Judicial Circuit may establish an Adult Abuse, Neglect and Exploitation Multidisciplinary Team (A/N/E MDT) for the purposes of coordinating, collaborating and responding to suspected case of abuse, neglect and exploitation. Adult Protective Services (APS) shall designate representatives to and participate fully in A/N/E MDTs established in accordance with O.C.G.A §30-5-11.

Basic Considerations

The establishment of A/N/E MDTs shall be at the discretion of the district attorney serving each judicial circuit. Level of participation will vary throughout the State. There may be APS regions without

an A/N/E MDT, other regions with multiple A/N/E MDTs and A/N/E MDTs with representatives from multiple APS regions.

The district attorney shall create a Memorandum of Understanding (MOU) that shall include but not be limited to team procedures; operational details; and confidentiality requirements. All MOUs shall be reviewed by the State office and may only be signed by the DHS Commissioner.

Requirements as outlined in this policy section only pertain to those MDTs operating under O.C.G.A §30-5-11 and in possession of a MOU signed by the DHS Commissioner. APS staff shall adhere to standard confidentiality rules when participating in MDTs not operating under O.C.G.A §30-5-11.

Requirements

When requested by the district attorney, APS will identify and appoint at least one representative from each APS region served by an established A/N/E MDT.

Attendance

Meetings must be held at least twice a year but may be held more often if indicated by the operational detail of the MOU. APS representatives will make every effort to attend all scheduled A/N/E MDT meetings or designate a substitute representative.

Case Reviews

APS representatives will participate in the case review of suspected abuse, neglect and exploitation of vulnerable adults. Case may or may not have been previously known to APS. Reviews may be initiated at the request of APS staff or A/N/E MDT members.

Record Sharing

Records held by the Department pertaining to the abuse, neglect, or exploitation of adults with disabilities or elder persons shall be available to the members of an A/N/E MDT.

References

O.C.G.A §30-5-11
Georgia Judicial Circuit
Georgia Judicial Circuit Map

6002 A/N/E MDT Attendance

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	6000 Multidisciplinary Team	**Effective Date:**	
	Section Title:	A/N/E MDT Attendance	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	6002	**Previous Update:**	

Summary Statement

Adult Protective Services (APS) will make every effort to attend all scheduled Adult Abuse, Neglect and Exploitation Multidisciplinary Team (A/N/E MDT) meetings.

Basic Considerations

In accordance with O.C.G.A §30-5-11(c)(1) “Each Adult Abuse, Neglect and Exploitation Multidisciplinary Team shall meet regularly, as determined by the district attorney or his or her designee; provided however, that meetings shall be held at least semiannually”.

Procedures

Whenever possible, for the purpose of consistency and continuity, the designated APS representative to the A/N/E MDT shall attend all scheduled meetings. When the designated A/N/E MDT representative is unavailable a substitute APS representative shall be in attendance.

Attendance Tracking

Meeting attendance shall be tracked on the Activity Log located in the Division of Aging Services electronic data system. **Each staff person** who attends a A/N/E MDT shall record the following A/N/E MDT details:

- Name;
- Focus;
- Location;
- Date;
- Time spent; and
- Number of people in attendance

References

O.C.G.A §30-5-11

6003 A/N/E MDT Case Reviews

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	6000 Multidisciplinary Team	**Effective Date:**	
	Section Title:	A/N/E MDT Case Reviews	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	6003	**Previous Update:**	

Summary Statement

Adult Protective Services (APS) representatives to the Adult Abuse, Neglect and Exploitation Multidisciplinary Team (A/N/E MDT) shall participate in case reviews conducted by the team.

Basic Considerations

MDT Case review has been established for the purpose of "identifying opportunities within local jurisdictions to improve policies and procedures in the notification of and response to abuse, neglect, and exploitation given local resources" O.C.G.A §30-5-11(a)(2).

Situations and/or individuals both known and unknown to APS may be subjects of the A/N/E MDT review.

Procedures

Reviews of APS cases may occur in 1 of 3 ways:

- An APS staff person request that a case be reviewed by the A/N/E MDT;
- An A/N/E MDT member may request APS to provide information on an individual referred to APS for investigation; or
- The A/N/E MDT coordinator asks for all APS cases in a designated area over a designated period of time.

APS staff (i.e. investigators, supervisors, and district managers) may identify cases in need of review by the A/N/E MDT. APS staff will notify the A/N/E MDT APS representative of the need for the case review prior the next scheduled meeting.

APS representative shall inform A/N/E MDT members who request a case review on an individual APS case to submit the request via email and that it may take up to one week to process such request. Once the request is received the representative will:

- check the DAS electronic data base to verify that a related case was:
  - called into Central Intake;
  - entered as an Intervention; or
  - accepted for investigation; and
  - if the case was moved to on-going services;
- identify the APS staff associated with accepted investigation;
- notify the investigator and/or supervisor who oversees or did oversee the identified case of impending A/N/E MDT review. Allow time for the notified party to:
  - Review the case record; and
  - Plan to attend the meeting;
- upon request by the A/N/E MDT, initiate download of the full APS case record. (Refer to 6004 Record Sharing with A/N/E MDT of this manual).

References

O.C.G.A §30-5-11
Aging Services Man5500: Adult Protective Services - Section 6004

6004 Record Sharing with A/N/E MDT

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	6000 Multidisciplinary Team	**Effective Date:**	
	Section Title:	Record Sharing with A/N/E MDT	**Reviewed or Updated in:**	MT 2019-04
	Section Number:	6004	**Previous Update:**	

Summary Statement

Upon request Adult Protective Services (APS) will provide reasonable access to the Adult Abuse, Neglect and Exploitation Multidisciplinary Team (A/N/E MDT) of records related to abuse, neglect and exploitation held by the Department.

Basic Considerations

APS representatives shall inform A/N/E MDT member that it may take up to one week after a request for records has been made to produce the full case records. Requests need to be made via email and directed to the APS representative to the A/N/E MDT.

It may take longer than one week to fulfill requests made by the A/N/E MDT coordinator for all cases over a specified time period. Large records request will take time to process.

Procedures

APS shall gather, review, redact and submit APS records to the A/N/E MDT.

Compiling the APS Record

The APS record includes when applicable:

- the intake report, with reporter information redacted;
- the redacted acknowledgement letter;
- the threats to worker safety report;
- the investigation chronological notes report;
- the photographs and documents attached to case notes;
- the assessments associated with the investigation;
- the investigation summary reports;
- the redacted Disabled Adult Abuse Report;
- the on-going case notes;
- any case related communication via email and/or text.

The above information shall be collected on any and all reports and investigations associated with the vulnerable adult(s) in question.

Redacted Information

Information related the reporter and irrelevant Protected Health Information (PHI) shall be redacted from the information prior to submitting the record to the A/N/E MDT.

Reporter

Redacted reporter information includes:

- report's name if included in the incident description;
- any pronouns or verbiage included in the incident description signifying the identity of the reporter;
- information in the allegation report indicating the identity of the reporter;
- identification of participant record type;
- information contained in the chronological investigation notes report such as;
  - note type;
  - note subtype;
  - participant;
  - note description; and
  - any information in the body of the note that may indicate the identity of the reporter.
- information contained the A/N/E Risk Assessment indicating source of information related to indicator and risk factors for abuse.

Notification of Release of PHI

APS shall redact irrelevant PHI in accordance with guidance given under the Health Insurance Portability and Accountability Act (HIPAA).

Irrelevant PHI is any medical information not caused by or related to the:

- abuse;
- sexual abuse;
- severe neglect; or
- decision making capacity of the vulnerable adult.

If PHI is released as a part of the shared record provided to the A/N/E MDT, notification must be made to the subject of the report via written or telephone notification, unless it is determined that providing notice would put the subject of the APS investigation in harm's way. This determination must be made on a case-by-case basis and must be documented in the case record.

For example, a determination that the notice could put the victim in danger could be, but is not limited to the following:

- Where the alleged abuser:
  - lives with the client;

- reads client's mail; or
- controls access to the telephone

- Where the client has a history of misunderstanding or reacting poorly to receiving news; or
- Where the alleged victim is likely to relocate or disappear upon receiving such news.

Transmission of Report to MDT

Reports shall be submitted to the MDT via one of the following secure methods:

- Encrypted email;
- Fax to secure location; or
- Hand delivery of physical record.

References

O.C.G.A §30-5-7

7000 TERF Case Management

7001 Introduction

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management Team	**Effective Date:**	
	Section Title:	Introduction	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7001	**Previous Update:**	

Summary Statement

Funding for the Temporary Emergency Respite Fund (TERF) Case Management Team is provided through the Victims of Crime Act (VOCA) Formula Grant Program. The VOCA Formula Grant Program created under the 1984 Victims of Crime Act, provides federal funding to support victim assistance and compensation programs, to provide training for diverse professionals who work with victims, to develop projects to enhance victims' rights and services, and to undertake public education and awareness activities on behalf of crime victims. The Office for Victims of Crime (OVC) was created by the U.S. Department of Justice and formally established by Congress in 1988 through an amendment to the Victims of Crime Act of 1984 (VOCA).

OVC provides federal funds to support victim assistance and compensation programs around the country.

Georgia Department of Human Services, Division of Aging Services has allocated VOCA funds to assist with the creation of services that supports vulnerable adult victims of abuse as they work to transition from an environment of abuse, neglect or exploitation at the hands of their caregivers into a safe, stable and supportive setting through the extension of transitional housing and development of case management services.

Basic Considerations

The Criminal Justice Coordinating Council (CJCC) is designated by the Governor of Georgia as the State Administering Agency for criminal justice and victims' assistance programs. CJCC is charged with fiscal and programmatic oversight of the Victims of Crime Act (VOCA) Grant Programs.

Subgrantees of the VOCA Grant receive funding for 1-year intervals. Subgrantees must reapply for continuation of grant funding annually, up to 5 years.

Procedures

The TERF Case Management Team will:

- Extend temporary emergency respite placements as needed;
- Work to improve client outcome;
- Strengthen collaborations between the Division of Aging Services and community partners to find creative solutions to meet the needs of displaced vulnerable adults.

References

Criminal Justice Coordinating Council

DAS ADMIN Manual 5600, Section 9076, Temporary Emergency Relocation Funds (TERF)

7002 Accepting TERF Reports

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management	**Effective Date:**	
	Section Title:	Accepting TERF Reports	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7002	**Previous Update:**	

Summary Statement

Adult Protective Services (APS), acting on behalf of the Division of Aging Services Director, shall receive calls regarding vulnerable adult victims of abuse who are in need of transition from an environment of abuse, neglect or exploitation (A/N/E) at the hands of their caregivers into a safe, stable and supportive setting. A determination shall be made to decide if assistance is needed through Temporary Emergency Respite Funds (TERF) Case Management which may include the extension of transitional housing and development of case management services.

APS Central Intake (CI) is responsible for receiving reports from Law Enforcement, Adult Protective Services (APS) Field Staff, Healthcare Facility Regulations (HFR) and emergency responders with GEMA (Georgia Emergency Management Agency) and the Department of Public Health (DPH).

Basic Considerations

APS will continue to accept for investigation reports of suspected abuse, neglect, or exploitation of

disabled adults or elder persons who are not residents of long-term care facilities (note "specific limited situation", in section 2009); as defined in the *Disabled Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)* and who meet criteria for adult protective services.

TERF placement calls shall only be accepted from Law Enforcement, APS, HFR, GEMA, DPH and TERF Administrative Agency

The TERF Placement Agency is a contracted provider engaged to answer daily, after hour, weekend and holiday calls for the expressed purpose of locating emergency respite placement.

Procedures

When Central Intake receives a call regarding placement of a vulnerable adult through the use of TERF funds, they shall proceed as follows:

- Proceed with collecting information regarding alleged victim, reporter, other individuals involved, and nature of incident.
- Document information collected in the DAS Data System (DDS).
- TERF Placement Agency and TERF Supervisor will be notified of new referral.
- TERF Supervisor shall decide if the referral meets the criteria for TERF case management or if it should be sent to APS for investigation.
    - Cases that meet criteria for APS Investigation will be processed and sent to the field for assignment (*Refer to 2002 Accepting APS Reports*)
    - Cases that do not meet APS criteria for Investigation, the Intake decision shall be marked as "Meets Criteria – TERF" with no resolution indicated
    - Intake status shall remain as Pending until the initial TERF assessment has been completed

The TERF Supervisor has 2 days to:

- indicate allegations in the DDS;
- assess to determine resolution based on pre-case management interventions;
    - TERF Case Management
    - Family Involvement
    - DBHDD
    - Other
- mark intake as "Complete".

> **NOTE** Case with resolutions other than "TERF Case Management" will be marked as completed and no further action taken.

Special Considerations

In the case of emergencies (Natural Disasters, Pandemics, or unexpected or unforeseen conditions), TERF policy and procedures may be modified to accept referrals from entities outside of the AART

and Public Guardianship Office. Outside agencies such as Department of Public Health (DPH) and their facilities and Georgia Emergency Management and Homeland Security Agency (GEMA) can make referrals for at-risk vulnerable adults who meet TERF criteria.

When a call or request for TERF Placement is made by DPH/DPH Facility or GEMA:

- TERF Placement Agency and/or Central Intake will gather necessary information from the referral source regarding the need for placement.
- TERF Administrator and/or Central Intake will notify the TERF Supervisor of the pending referral immediately.
- The TERF Supervisor will contact the referral source within 30 minutes of the notification to staff the case with the referral source.
- The TERF Supervisor will determine whether or not the referred client is one that can be served within a TERF placement facility and update the TERF Administrator of the approval. When needed, the TERF Supervisor will consult with DAS Management for guidance and next steps.
- The TERF Supervisor will work with the referral source to coordinate placement and continued services for the referred client in accordance to TERF Case Management services.

References

Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)
Aging Services MAN 5500: Adult Protective Services Manual

To report adult abuse refer to: aging.dhs.georgia.gov/adult-protective-services

7003 PRE TERF Case Management

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management	**Effective Date:**	
	Section Title:	PRE TERF Case Management	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7003	**Previous Update:**	

Summary Statement

Temporary Emergency Respite Funds (TERF) Case Management (CM) services are assigned to eligible TERF clients in need of transitional housing and development of case management services.

TERF Case Management Services shall be used for clients who lack pre-existing support services to achieve stable housing and services needed to live safely in the setting of their choosing.

Basic Considerations

Reports that are accepted for TERF Placement will be assessed to determine eligibility for TERF Case Management services. TERF Case Management services will be provided to vulnerable adult victims who voluntarily request assistance or cannot communicate their wishes and who have no pre-existing support systems.

TERF CM will evaluate pre-existing systems (e.g. family, mental health or developmental disability services) and provide recommended referrals for clients who are not eligible for TERF Case Management.

Procedures

When TERF Supervisor or Designee shall review "Pending" intakes to determine eligibility for TERF Case Management, TERF Supervisor or Designee will immediately:

- Determine if client has pre-existing support system or services in place such as:
  - Family Supports
  - DBHDD Services
  - Other waiver programs

Pre-Existing Support (No Case Management Needed)

If pre-existing support systems or services has been identified, TERF Supervisor or Designee will:

- Determine if client wants to relocate to/with identified support system or service;
- Determine if client's needs can safely be met with identified support system or service;
- If identified support system or service is able to assist the client, coordinate contact between the TERF placement and the client's identified support system or service
- Follow up with identified support system or service to ensure transition of the client has occurred.
- The TERF Supervisor or Designee will document all activity in the DAS Data System (DDS)
- The TERF Supervisor or Designee will enter a resolution of "DBHDD Resolution", "Family Resolution", "Other Resolution" with case status of "Complete" in DDS

Lack of Support or Services (Need for Case Management Services)

The TERF Supervisor or Designee will open a case for TERF Case Management services when:

- client has no identified pre-existing support system or services; or
- pre-existing support system or services is unable to meet needs of the client; and
- client is in need of case management assistance to have needs met and live safely in the setting of their choosing.

The TERF Supervisor or Designee will enter an intake resolution of "TERF CM" with a case status of "Complete" in the DDS and a case will be opened in the consumer chapter of DDS.

References

Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)
Aging Services MAN 5500: Adult Protective Services Manual

To report adult abuse refer to: aging.dhs.georgia.gov/adult-protective-services

7004 TERF Case Management

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management	**Effective Date:**	
	Section Title:	TERF Case Management	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7004	**Previous Update:**	

Summary Statement

The overall goal of Temporary Emergency Respite Fund (TERF) Case Management is to support victim of vulnerable adult abuse as they work to transition from an environment of abuse, neglect or exploitation at the hands of their caregivers into a safe, stable and supportive setting through the extension of transitional housing and development of case management services.

Basic Considerations

The purpose of TERF Case Management Services is to:

- assure the client gains access to their own assets within at least 30 days of placement
- assure that all benefits for which the client qualifies have been applied for within 30 days of placement
- procure stable housing that will meet the needs of the client within 30 days of placement
- minimize the number of times the vulnerable adult move after the initial placement

Procedures

Once the client has been evaluated and is in need of Case Management Services, a dialog will be held with the client to discuss service needs and options. The TERF Supervisor or “Designee” will assign the client to a TERF Case Manager who will develop a case services plan with the client.

Initial Evaluation

The TERF Case Manager, once assigned, will:

- complete a face-to-face visit with the client within 2 business days;
- Assess and identify the level of care needed to meet the needs of the client;
- determine the client’s monthly income and financial resources;
- identify the permanent living situation client desires. If applicable, determine if Personal Care Home (PCH) can be a long-term placement;
- Discuss needs, strengths and goals for initial case services plan;
- Determine if placement assistance is needed beyond the initial 7-day TERF placement; and
- Determine if client has financial resources to provide for his/her apparel, personal effects and incidentals at current placement. (Refer to Chapter 9075 in MAN 5600 regarding apparel, personal effects and incidentals covered during initial TERF placement)

Case Management Services – 30 Days of Assignment

The TERF Case Manager, after the initial face-to- face visit and within 30 days, will:

- Verify the client's income and financial resources; determine whether or not those resources are secure and not accessible by the alleged perpetrator;
- Determine if preferred permanent living situation and/or services needed to meet the client's needs can be secured using the client's financial resources; determine if additional financial resources client is eligible for and/or charitable contributions are needed;
- Create goals and steps for case service plan with dates of expected completion of each step and goal. Discuss with the client to obtain agreement and make modifications as needed;
- Locate stable housing that meet the client's needs and are within the client's financial means;
- Apply for services and resources that the client is eligible for (Refer to Chapter 5 in MAN 5500 regarding statewide resources);
- Follow-up with the client after resources, services and placement are established to verify appropriateness of services provided.
- Determine if the client is in need of any additional supports or services;
- Update the TERF Supervisor weekly regarding procurement of needed services and implementation of case services plan to allow for modification of services and case plan prior to 30-day time frame;
- Plan for case closure once the client has secured and established permanent placement and/or services; and
- Document discussions and achievements of the case plan goals with the client, and with any others that might have knowledge or otherwise be participating in the case plan within the DAS Data System (DDS).

Case Management Services – After 30 Days of Assignment

If the TERF Case Manager and/or client is unable to meet any of the goals and steps within the case plan within 30 days and the vulnerable client continues to need case management, the TERF Case Manager will:

- Confer with the TERF Supervisor no later than 5 days prior to the 30th dayregarding obstacles/hindrances preventing the client from retaining permanent living environment or services needed to meet their needs.
- Determine the need of Emergency Relocation Fund (ERF) if the client is without financial resources to continue residing in temporary placement and securing personal effects and incidents (Refer to Chapter 9080 in MAN 5600 regarding Utilization of ERF);
- Follow up on applications for services and resources to determine status and, if applicable, when services and/or placement will be available for the client's use;
- Discuss with the client application status, new services and/or housing to be applied for to meet/achieve services goals. Modify service case plan as needed;
- Follow-up with the client after resources, services and placement has been established to verify appropriateness of services provided. Determine if the client is in need of any additional sup-

ports or services;

- Plan for case closure once the client has secured and established permanent placement and/or services; and
- Maintain documentation in DDS and detail efforts regarding securing safe permanent placement and/or services for the client.

Termination

The TERF Case Management services shall be terminated when the client:

- obtains permanent housing and/or services needed to live safely in the setting of their choosing;
- fails to meet the criteria for TERF case management services:
  - is placed under the guardianship of the Department of Human Services;
  - when the client's whereabouts are unknown, due to leaving temporary placement and refusing to communicate with TERF Case Management team and attempts to locate the client is not successful; or
  - the client expresses that he/she no longer desires TERF Case Management services and the client has capacity to make decisions.

When TERF Case Management determines that a disabled adult or elder person in need of protection and cannot remain protected due to an incapacity and there are not sufficient alternatives to guardianship or conservatorship, a petition for the appointment of a guardian and/or conservator can be filed with a probate court pursuant to the Disabled Adults and Elder Persons Protection Act (O.C.G.A. § 30-5-5).

The TERF Case Manager will follow the "Evaluating Cognitive Capacity" and Evaluating Level of Risk" procedures as determined MAN5500, Section 3009.

When possible, the TERF Case Manager will request an evaluation from a medical and/or health provider to assess the client's capacity to consent.

The TERF Case Manager will staff the case with the TERF Supervisor to determine next steps. The TERF Unit will attempt to identify relatives to obtain guardianship are available that will safeguard the client in an environment where the client's needs are met. If those alternatives are available, the TERF Supervisor will provide next steps to take.

If there are no alternative guardians available, the TERF Supervisor will staff the case with the Program Manager to determine if the case is eligible for a guardianship staffing. The Program Manager will coordinate a Guardianship Staffing to include TERF Case Manager, TERF Supervisor, Public Guardianship Office Section Manager or Designee and DHS Associate General Counsel.

Feedback will be provided but is not limited to:

- Alternatives to guardianship not previously considered;
- Additional methods for seeking out family and friends willing to assume guardianship;
- Limitation of Guardianship to resolve or mitigate presenting risk; or
- Request for a multidisciplinary meeting.

When a decision has been made to move forward with the Guardianship, the DHS Associate General Counsel will contact the local SAAG (Special Assistant Attorney General) to file the petition on behalf of the Department.

Additional information regarding Petition Writing, Petition Filing and appointment of DHS Guardianship can be located in MAN5500, Section 3009.

References

Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)
Aging Services MAN 5500: Adult Protective Services Manual

To report adult abuse refer to: aging.dhs.georgia.gov/adult-protective-services

7005 Documentation

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management	**Effective Date:**	
	Section Title:	Documentation	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7005	**Previous Update:**	

Summary Statement

The Temporary Emergency Respite Fund (TERF) Case Management staff shall enter into the client's case record written documentation describing observations, statements, findings, actions, activities and contacts with or on behalf of the client receiving TERF Case Management services

Basic Considerations

TERF Case Management staff will adhere to Adult Protective Services (APS) established policy of entering all electronic documentation as complete within 10 calendar days of the activity in the DAS Data System (DDS).

TERF Case Management staff will also adhere to APS' guidelines regarding maintaining physical and electronic records. *Refer to Chapter 3 – Section 3012: Documentation of this Policy Manual*

Requirements

Documentation includes:

- Information that is clear, factual and complete within 10 calendar days of documented action.
- Information regarding referrals and collateral contacted on behalf of the client.
- Information describing the social, physical and mental status of the adult.
- Statements and actions by the client, caregiver, service providers and collateral contacts that are relevant to the service provision, risk reduction and case management.
- demonstrate the need for and continuity of services;

- evaluate adherence to policies and procedures; and
- take appropriate actions based on the recorded evidence

Procedures

All actions are documented in the electronic case record shall contain:

- Date of contact;
- Type of activity (telephone contact, home visit, etc.);
- Time spent on activity
- Who was involved (i.e. name, title, relation to client of person contacted) and whether the client was seen;
- The purpose of the contact;
- Significant information and/or observations;
- Assessment related to the progress toward the case plan goals;
- The result of the contact and plans for follow-up contact.
- Any documents completed or obtained on behalf of the client as a part of ongoing service provisions will be uploaded into the electronic case record.

> **NOTE** Group contacts such as family meetings, Multi-disciplinary Meetings (MDT), facility care planning sessions, etc. can be documented in one note. All other contacts involving multiple participants must be documented as separate notes.

A **physical record** will also be kept and contain any documents with original signatures and any legal documents. (Refer to 3012 Documentation of this manual for additional policy and procedure related to documentation and record keeping.)

Case Closure/Termination

The reason for case closure/termination must be recorded in the electronic record. The case closure/termination will be documented in the Justification Statement. The Justification statement shall include a brief but clear statement identifying:

- Client's victimization
- Initial need/purpose for TERF Case Management services;
- Services established to help client achieve independence and stability in the community;
- Reasons why services are no longer needed including client's current risk of victimization.

Once the case closure/need for termination has been documented, the case shall be submitted for approval by the supervisor.

Supervisor must indicate in the record that they concur with the reasons for case closure. Non-concurrence by the Supervisor will result in the case remaining open. Guidance will be given to the case manager indicating what additional actions need to be taken before concurrence can occur.

Supervisors have 5 calendar days to complete these actions.

Modification of Documentation

In order to preserve the integrity of the record, changes **shall not** be made to documentation after it has been saved.

References

Aging Services MAN 5500: Adult ProtectiveServices Manual

7006 Collaboration

	Georgia Division of Aging Services Adult Protective Services Manual			
	Chapter:	7000 TERF Case Management	**Effective Date:**	
	Section Title:	Collaboration	**Reviewed or Updated in:**	MT 2021-01
	Section Number:	7006	**Previous Update:**	

Summary Statement

The Temporary Emergency Respite Fund (TERF) Case Management staff will establish strategic partnerships with community organizations that will aid in achieving permanency for the victimized adult. The TERF Case Management staff will collaborate with Adult Protective Services staff and other community partners through resources identification, case consultations and reviews, and outreach/ Collaborations will assist TERF Case Management staff with future victims, as well and improve Adult Protective Services with other state entities and community partners.

Basic Considerations

The TERF Case Management staff will work closely with Adult Protective staff, Division of Aging services staff and network, and community partners including, but not limited to:

- Law Enforcement
- Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Department of Community Health (DCH)
- Department of Family and Children Services (DFCS)
- Local Area Agencies on Aging

Procedures

The TERF Case management team will work collaboratively to:

Identifying Resources

- Identify community resources and partnerships that will aid in the achievement of permanency and stability for the victimized adult

- Identify resources through the participation in multidisciplinary teams (MDT) and community outreach events. *Refer to 6001 Introduction of this manual regarding MDTs.*
- Identify cooperative local law enforcement and prosecutors throughout the state
- Mining of local resources through the use of internet and local publication

Multidisciplinary Team (MDT) Meetings

A team member will attend A/N/E MDT meetings established under O.C.G.A §30-5-11. The team will identify and attend other MDT meetings comprised of individuals and entities that can aid in the permanency plan of victimized adults. These groups may include home health providers, transportation providers, HFR, Department of Behavioral Health and Developmental Disabilities, law enforcement and charitable organizations. *Refer to 6002 A/N/E MDT Attendance of this manual for details regarding Attending A/N/E MDT.*

> **NOTE** Participation in MDT meetings should be documented in the DDS Activity log.

Relocations

The TERF Case Management team, whenever possible, will participate in personal care home relocations initiated by HFR or law enforcement. Participation will include one or more team members and may be prohibitive due to proximity or time restraints. Involvement will consist of resident interviews, screening for prior APS involvement, identification of caregivers, initiation of TERF placement, and initial determination for the need of case management services. *Refer to MAN 5600: Administrative Manual, Chapter 9050 for details regarding At-Risk Adult Relocation Team (AART)*

Adult Protective Services

The TERF Case Management staff will consult APS to identify local law enforcements and prosecutors whom will be able to assist in attaining protective orders, bank account freezes and other legal assistance as appropriate. In areas where APS is unable to identify a law enforcement resource, the team will seek to identify and foster new relationships. The team will develop their own resource guide based on identified needs of displaced adults and anticipated needs that may be identified in the future. The resource guide and the new connection made with law enforcement will benefit team members, as well as APS staff.

References

Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)
Aging Services MAN 5500: Adult Protective Services Manual
Aging Services MAN 5600: Administrative Manual

Appendix A Manual Transmittal Cover Letters

	Department of Human Services Policy and Manual Management System	Index:	MAN 5500
		Effective Date:	03/17/2024
		Next Review Date:	03/17/2026

Subject: Division of Aging Services Adult Protective Services

Appendix	Chapter	Date	Subject
	A-18	3-2021	Adult Protective Services Manual Transmittal
	A-17	12-2020	Adult Protective Services Manual Transmittal
	A-16	4-2020	Adult Protective Services Manual Transmittal
	A-15	4-2020	Adult Protective Services Manual Transmittal
	A-14	4-2020	Adult Protective Services Manual Transmittal
	A-13	6-2019	Adult Protective Services Manual Transmittal
	A-12	3-2019	Adult Protective Services Manual Transmittal
	A-11	7-2018	Adult Protective Services Manual Transmittal
	A-10	3-2018	Adult Protective Services Manual Transmittal
	A-9	5-2017	Adult Protective Services Manual Transmittal
	A-8	7-2016	Adult Protective Services Manual Transmittal
	A-7	6-2014	Adult Protective Services Manual Transmittal
	A-6	9-2013	Adult Protective Services Manual Transmittal
	A-5	12-2010	APS MT 2011-01/Rep Payee
	A-4	1-2011	Adult Protective Services Manual Transmittal
	A-3	10-2009	Adult Protective Services Manual Transmittal
	A-2	1-2008	Adult Protective Services Manual Transmittal - ERF
	A-1	1-2007	Adult Protective Services Manual Revision

MT 03 2021 Cover Letter

MT 12 2020 Cover Letter

MT 04 2020c Cover Letter

MT 04 2020b Cover Letter

MT 04 2020 Cover Letter

MT 06 2019 Cover Letter

MT 03 2019 Cover Letter

MT 07 2018 Cover Letter

MT 03 2018 Cover Letter

MT 05 2017 Cover Letter

MT 07 2016 Cover Letter

MT 06 2014 Cover Letter

MT 09 2013 Cover Letter

MT 01 2011b Cover Letter

MT 01 2011 Cover Letter

MT 01 2009 Cover Letter

MT 01 2008 Cover Letter

MT 01 2007 Cover Letter

Appendix C Review Guides

	Department of Human Services **Policy and Manual Management System**	**Index:**	**MAN 5500**
		Effective Date:	**06/15/2019**
		Next Review Date:	**06/15/2021**

Subject: Division of Aging Services Adult Protective Services

Appendix	Chapter	Date	Subject
	C-1		APS Case Review Guide – Intake and Referral
	C-2		APS Case Review Guide – Investigation and Assessment
	C-3		APS Case Review Guide – Ongoing Services
	C-4		APS Case Review Process

APS Case Review Guide – Intake and Referral

Updated: 6/15/19

Region Assigned:	**Review Date:**	**Supervisor:**
Client ID:	**Client Name:**	**Name of Reviewer:**
CI Case Mgr. Receiving Report:		

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Located In DAS DATA SYSTEM
1. Does the information in the DAS Data System Intake (Meets Criteria) meet criteria for an accepted APS Report?					• The client/person is a disabled adult age 18 or older or an elder person (age 65 or older) and indicates this in the record by reference to age or a disability. • The record indicates there is harm or threat of harm to the disabled or elder person (i.e., the individual has been or is at risk of being abused, neglected or exploited or is self-neglecting. • The documentation indicates that if the person is a resident of a long-term care facility (i.e., nursing home/PCH); the alleged perpetrator/abuser is in the community and not a staff of the LTC. • One or more referral categories (e.g., abuse, neglect, exploitation, etc.) are checked and a) if client has been part of a nursing home (NH) or personal care home (PCH) relocation, this is checked or b) if the client is voluntarily discharged from a NH, this is checked.	Intake - Intake Subpage
2. Is there documentation to support that the reporter was informed to call 911 and/or that a priority designation (Immediacy Status) was given to the referral because the allegations indicate that the client was in imminent danger due to harm or threat of harm by another or the client's lack of care of him/herself has lead to or would lead to an immediate decline in his/her health and/or welfare?					• The documentation indicates that the client was at risk of imminent danger or harms from another or his/her self. • The APS Intake and Referral record is checked "Priority Req." **Example**: the caller states that the client appears to be demented, lives alone and has no electricity or food in the house.	Intake – Intake Subpage Intake Report Summary

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Located In DAS DATA SYSTEM
3. Did the report contain any contact information about additional sources of information (i.e., potential collateral contacts such as relatives, medical or service providers) or note that no additional collaterals were named in the APS.					The documentation contains one or more references to others who may have knowledge of the client and/or his/her situation or noted that there were no additional collaterals named at the time of the report in context of the APS Intake.	Intake – Intake Subpage Intake – Participants
4. Is there documentation in DAS Data System that CI addressed safety issues? (*Yes or No are the only responses*)					Documentation is the APS Intake and Referral Notes that CI addressed safety issues.	Intake – Documentation: Threat to Worker Safety and Hazardous
5. Is the documentation on file to support that an acknowledgment letter was sent to the reporter within 10 calendar days or waived by the reporter?					• The Das Data System Intake screen is marked yes if an acknowledgment record was sent and (Contact Notification) • A copy of the Acknowledgment Letter is on file in CI and • The Acknowledgment letter log indicates that the letter was sent within 10 calendar days **OR** • The Das Data System Intake screen indicates "waived" if the reporter did not want an acknowledgment letter	Intake – Intake Subpage Intake – Notification to Reporter Word Merge
6. Was the referral sent out to the field within 1 business day of the date of Intake?					• Review the report date to the Completed date • Mark N/A if report was initially marked as Incomplete or if additional consultation was needed	Intake – Intake Subpage Outlook – Investigation email automated (copy sent to CI Supervisor)
7. If additional allegations of abuse, neglect & or exploitation of an existing client were made by a reporter, was the Regional Supervisor and assigned CM notified of these allegations within 1 business day of the receipt of the report					• Review the report date to the Completed date • Review notes or intake report to determine if APS Supervisor/APS Case Manager was notified of additional intake • Mark N/A if report was initially marked as Incomplete or if additional consultation was needed	Intake – Intake Subpage Intake – Notes Outlook – Investigation email automated (copy sent to CI Supervisor)

Check one:

▢ CI Supervisory Review	▢ 2 Ptree Staff Second Level/Special Review	▢ P&E Review
Reviewer's Comments:		
Recommendations, if any, on addressing problem areas and/or training/technical assistance needed.		

APS Case Review Guide – Investigation and Assessment

Rev. 8/27/19

Region:	**Review Date:**	**Name of Supervisor:**
Investigation ID:	**Name of Client:**	
Name of Caseworker Assigned to Case:		

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
1. Was client status in additional Aging Programs verified and documented? **[P]**					• Search has been completed in DAS Data System to determine if client is currently participating in other Aging Programs. • Document entered regarding verification of program status	Intake report Search within Consumer Tab (only use Filters – Last Name Contains, First Name Contains) APS Investigation - Notes
2. Was there verification that the alleged victim is not duplicated in the Electronic Data Record? **[P]**					• Search has been completed in the DAS Data System to determine if the client is duplicated in the system • Document entered that duplicates have been linked or request has been made to have records linked	Search within Investigation Tab (only use Filters – Last Name Contains, First Name Contains) Search within Associated Investigations Subpage APS Investigation - Notes

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
3. Was the intake report documented and copy sent to Law Enforcement? **APS Reports and Opening Cases 2.001 [P]**					The documentation shows that the intake report was received, and notification sent to Law Enforcement **NOTE** This review question is N/A if intake allegations are **ONLY** for self-neglect.	APS Investigation - Notes
4. Was the initial face to face contact made (or documentation to support that **attempts** were made) with the client within 10 calendar days of the date the report was received by Centralized Intake? **Contact and Documentation Standard 1.1 [C]**					• The first successful client contact recorded in DAS Data System was dated no later than 10 calendar days from the date of intake. The contact record indicates the CM had a face to face contact with the client on that date **or** • The documentation shows that reasonable **attempts** were made to make the initial client contact within 10 calendar days in the APS Investigation Contact Record(s). "Reasonable attempts" may include documentation of a) multiple contacts (2 or more) with the reporter and/or collaterals to determine the whereabouts of the client; b) repeated (2 or more) home visits/field visits/calls to the client's residence including dates messages left; c) calls and/or visits to local medical facilities, jails, hotels, etc. to locate the client.	APS Investigation – Notes: 1st Face to Face
5. Is there documentation in the DAS Data System to indicate the client was interviewed in private or attempts were made to interview the client in private? **Contact and Documentation Standards 2.2 [C]**					• The documentation shows that the client was interviewed in private **or** • The documentation shows that **an attempt** was made to observe/interview the client in private. Note: N/A cannot be marked for this question.	APS Investigation – Notes: 1st Face to Face

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
6. Is there documentation of public benefits that the client is receiving (i.e. TANF, SSI, Food Stamps, VA funds, Medicaid, Medicare, etc.) **[P]**					The documentation indicates that an attempt was made to obtain public benefit information from the client or information obtained by intake was verified. **NOTE** This review question is N/A if client refused to provide public benefit information. **Documentation should indicate that client refused to give information**	APS Intake APS Investigation - Notes
7. Did the documentation describe the impairments/unmet needs in the DON-R comments section if the DON-R ADL/IADL scores indicated the client had impairments and/or unmet needs that put him/her at risk for ANE? **Contact and Documentation Standards 2.8 [P]**				Refer to your last DONR training when reviewing this element.	The documentation described specific issues the client had with ADLs/IADLs in the comments section of the DON-R. **NOTE** This review question is N/A if scores did not indicate impairments and/or unmet needs.	APS Investigation – DON-R (Client) APS
8. Is there a HIPAA form in the client's record that has been signed or if not signed, an explanation is noted in the client record why the record was not signed? **Contact and Documentation Standards 2.7 [P]**					1. A signed HIPAA form has been uploaded in the DAS Data System or is in the client's hard record or 2. A HIPAA form without the clients' signature is in the record (electronic or hard) and the record includes documentation on the reason why the form was not signed. **If physical copy is kept, documentation should comply with record keeping standards*	APS Investigation – Notes

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
9. Is there a Release of Information form in the client's record that has been signed or if not signed, an explanation is noted in the client record why the record was not signed? **Contact and Documentation Standards 2.7 [P]**					1. A signed Release of Information form has been uploaded in the DAS Data System or is in the client's hard record or 2. A Release of Information form without the clients' signature is in the record (electronic or hard) and the record includes documentation on the reason why the form was not signed. **If the unsigned copy is not uploaded, note should indicate reasons why the document was not signed by the client*	APS Investigation – Notes
10. Is there documentation that one or more collateral contacts were made with individuals who are of benefit to the investigation? **Contact and Documentation Standards 2.4 [C]**					The documentation indicated that one or more contacts were made with individuals who have knowledge of the client and/or the situation which could substantiate or not substantiate the allegation in the APS report (i.e., neighbors, non-household family, postal worker, employers, etc.) **NOTE** This review question is N/A if no collaterals were listed on intake report and no collateral information was obtained	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
11. Is there documentation in DAS Data System that the reporter was contacted, or an attempt was made to contact the reporter? **Contact and Documentation Standards 2.3 [P]**					• There is documentation in the DAS Data System that the original reporter was contacted **or** • At least one APS Investigation Contact or documentation in the Notes of the DAS Data System that shows an attempt was made to contact the reporter (Can be a successful or not successful APS Investigation Contact). **NOTE** If the reporter was anonymous, this review question is not applicable (N/A).	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
12. Is there documentation in DAS Data System that the alleged perpetrator was interviewed or an attempt to interview was made? **Contact and Documentation Standards 2.6 [P]**					• Documentation in an APS Investigation Contact record shows that the alleged perpetrator was interviewed in person (if not reason why face to face was not possible) **or** • At least one attempted contact with "perpetrator" is recorded in an APS Investigation Contact record or an Investigation Contact record shows that an interview with the alleged perpetrator was not completed and the reason provided **NOTE** If there is no alleged perpetrator, this review question is N/A.	APS Investigation – Notes: Collateral Contact
13. Is there documentation in DAS Data System that the identified caregiver was interviewed, or an attempt was made to interview the caregiver? **Contact and Documentation Standards 2.4 [C]**					• Documentation in one or more APS Investigation contact record(s) shows that an identified caregiver was interviewed or • The documentation in an APS Investigation contact record indicates that **an attempt** was made to interview an identified caregiver. **NOTE** If there is no identified caregiver, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
14. Is there documentation in DAS Data System that adult household members were interviewed, or an attempt was made to interview other adult members of the household? **Contact and Documentation Standards 2.4 [C]**					• The documentation shows one or more APS investigation contact records where other members of the household were interviewed. (Note: If the individual is in a boarding home, PCH or NH, residents at these facilities could be included in this group) **or** • The documentation in the APS Investigation contact record(s) indicates that **an attempt** was made to interview other members of the household. **NOTE** If there are no adult household members, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
15. Were neighbors, friends and/or relatives in the community mentioned at the time of Intake and/or identified during the investigation interviewed or were attempts made to interview these collateral contacts? **Contact and Documentation Standards 2.4 [C]**					• One or more APS Investigation contacts indicate that contact was made with neighbors, friends and/or relatives not living in household who were collateral contacts **or** • The documentation in the APS Investigation contact record(s) indicates that **an attempt** was made to interview neighbors, friends and/or relatives in the community who are collateral contacts. **NOTE** If there were no neighbors, friends and/or relatives in the community mentioned at the time of Intake and/or identified during the investigation to be interviewed, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
16. Were formal service providers (e.g. staff employed by senior centers, day care centers, home health agencies, behavioral health case managers, etc.) interviewed or were attempts made to interview providers? **Contact and Documentation Standards 2.4 [C]**					• One or more APS Investigation contacts indicate that contact was made with formal service providers, as indicated in the AIMS Investigation Contact Record or hard copy record or • The documentation in the APS Investigation contact record(s) indicates that **attempt(s)** were made to interview formal service providers who were collateral contacts. **NOTE** If there were no formal service providers mentioned in the Intake and/or identified during the investigation, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
17. Were medical providers interviewed or were attempts made to interview the medical providers? **Contact and Documentation Standards 2.4 [C]**					• One or more APS Investigation contacts or documentation in the hard copy record (e.g., medical statements) indicates that contact was made with medical providers or • The documentation in the APS Investigation contact record(s) indicates that **attempt(s)** were made to interview medical providers who were collateral contacts. **NOTE** If there were no medical providers are mentioned in the Intake and/or identified during the investigation, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
18. Was a contact made to a financial institution, conservator and/or other individuals who have knowledge of and/or manage the financial affairs of the client or were attempts made to interview these collaterals if financial exploitation and/or exploitation of property was alleged or uncovered during the investigation? **Contact and Documentation Standards 2.4 [C]**					• One or more successful collateral contacts in DAS Data System indicate that a contact was made with a financial institution and/or other who have knowledge of the clients' financial circumstances and/or the hard copy record contains documentation from the financial institution or others who have financial information/records. • The documentation in the APS Investigation contact record(s) indicates that **attempt(s)** were made to interview individuals who had knowledge of and/or financial exploitation/exploitation of the property of the client. **NOTE** If no allegation or evidence uncovered to indicate financial exploitation and/or exploitation of the property occurred, this review question is N/A.	APS Investigation – Notes: Collateral Contact

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
19. Was an income worksheet completed and in the DAS Data System? **[P]**					• The documentation indicates that the income worksheet was completed, or attempts were made to complete the income worksheet with the client • A request was made for ERF and the income worksheet was completed to justify the needs for the funds **NOTE** If no allegation or evidence uncovered to indicate financial exploitation and/or exploitation of the property occurred, and/or there was no request for ERF, this review question is N/A.	APS Investigation - Notes

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
20. Was a SLUMS Examination Assessment completed for clients where cognitive impairment is alleged or suspected? **[P]**					• The documentation in the APS Investigation contact record indicate that there are questions or concerns regarding client's capacity • The documentation indicates that there is no medical provider **or** contact was made or attempts were made to interview medical providers and capacity remains in question • Client was assessed, or attempts were made to complete examination with client **NOTE** If capacity is not in question and/or there is documentation from medical provider to refute concerns regarding capacity, this review question is N/A	APS Investigation – Notes APS Investigation - Documentation
21. Was a Diligent Effort to Locate form completed and documented if there was an unsuccessful effort to locate the client? **Contact and Documentation Standards 2.2 [C]**					• The documentation in the DAS Data System indicates that reasonable attempts were made to locate client	APS Investigation - Documentation

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
17. Was the APS ANE Risk Assessment completed and indicated the following: insurance status, health and functional status, social/emotional support, mental health treatment/history and services offered/requested **[C&P]**					• Investigation completed, and results of the investigation documented in the APS ANE Risk Assessment. • The Risk Assessment indicates that information was obtained or an attempt was made to gather information regarding insurance status, health and functional status, source of social/emotional support, mental health treatment/history, services offered/requested	APS Investigation – Documentation: APS ANE Risk Assessment Insurance Status (Medical Problems), Health and Functional Status (Personal and Social Vulnerability and Medical Problems), Source of social/emotional support (Mental/Emotional Characteristics), Mental health treatment/history (Mental/Emotional Characteristics), Services offered/requested (Social Services)
22. Was the investigation completed within **30 business days/45 calendar days** of receipt of the initial APS report? **Contact and Documentation Standards 2.8 [C]**					1. The APS Assessment "Complete Date" will be within **30 business days/45 calendar days** from the date of Intake if the CM successfully made face to face contact with the client and the investigation is complete **or** 2. A Diligent Effort to Locate form indicates that no successful client contact was made (i.e., the client was not seen) and 3. The DAS Data System record indicates that the APS Investigation/Assessment was closed within **30 business days/45 calendar days** of the date of Intake.	APS Investigation – Documentation: APS ANE Risk Assessment (date Investigation ended) APS Investigation – Determination: Completion Date

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
23. Was the investigation determination documented in the DAS Data System? **Contact and Documentation Standards 2.8 [P]**					The APS Assessment Justification/Closure Statement will be in the client Electronic Data Record. The statement will: 1. Summarize the findings from the Investigation. 2. **If the case needs to be opened for on-going services**, the CM will indicate that the client is **personally** and **socially vulnerable**, and **is at continued risk for further A/N/E (endangered)**, cannot protect him/herself from further A/N/E and is in need of APS On-going services 3. **If the case is closed at the conclusion of the investigation**, documentation should indicate the reasons for closure, if the client is or is not personally and socially vulnerable and may be or may not be at continued risk for further A/N/E (endangerment). 4. The documentation should indicate if, at the time of closure, the client is at risk for serious injury and/or death, the reason for the closure (e.g., client declined APS services, etc.)	APS Investigation – Documentation: APS ANE Risk Assessment APS Investigation – Allegations APS Investigation – Determination

Review Guide Question	Yes	No	N/A	Comments	Documentation Needed In Record	Where Found in the DAS Data System
24. Does the documentation indicate that a report was sent to the District Attorney and/or law enforcement on all cases involving abuse, neglect and/or exploitation **prior to** or upon substantiation of the allegations in the case? **Contact and Documentation Standards 2.10 [C]**					The Disabled Adult and Elder Persons \Report should be entered and saved in a WORD document. The report should indicate the name of the person/agency to who it is directed and the case findings & disposition of the case (e.g., opened for on-going APS services). The date of the LE report should be on or before the DAS Data System investigation completed date for substantiated cases of abuse, neglect and/or exploitation. A copy of the report should be uploaded into the Electronic Data Record, if maintaining physical records, a copy should be placed in the client's hard record and ***a copy*** sent to the District Manager	APS Investigation - Notes
25. Is there evidence of supervisory approval of the investigation, assessment and case disposition in DAS Data System through the case staffing at the close of the investigation? **Contact and Documentation Standards 2.9 [C]**					Staffing with supervisor documented in the DAS Data System.	APS Investigation – Notes APS Investigation – Determination Notes

Check one:			
▢ Supervisor	▢ District Mgr. 2nd level review	▢ 2 Ptree Staff/Special Review	▢ P & I Review
Case Corrections or Other Follow Up Needed?			
▢ No	▢ Yes	If yes, date due _____	Date discussed with CM _____
Date Case Corrections/Follow Up Completed: (if sent back for corrections or Closure was denied)			
Case Review Comments:			

Emergency Relocation Funds (ERF) – Use if applicable for the case

1. Is there documentation in the DAS Data System to indicate the need for ERF?					• The documentation in the APS Investigation Record indicates the need for ERF (Emergency Relocation Funds) • Information has been provided to indicate that all other resources have been used or attempts to use prior to requested ERF	APS Investigation – Notes APS Investigation – Documentation: APS ERF Application and Approval Form
2. Is the ERF request/authorization documented in the Electronic Data Record? **Contact and Documentation Standards 3.16 [P]**					A copy of the APS ERF Application and Approval Form, ADPOR (Authorization for Disbursement/Purchase Order) to DFCS Regional Accounting, along with all required and supporting documentation is in the Electronic Data Record. The Supervisor, the District Manager and/or State Office Representative has approved the request by completing the ERF Decision in the DAS Data System and signing off on the APS ERF Application and Approval Form, ADPOR to DFCS Regional Accounting, and supporting documentation.	APS Investigation – Notes APS Investigation – Documentation: APS ERF Application and Approval Form
3. Was an income worksheet completed and in the Electronic Data Record? **Contact and Documentation Standards 3.16 [P]**					The Income Worksheet was completed and provides justification or supporting need for ERF.	APS Investigation – Notes

Case Management Review – Quality Review regarding documentation standards within the case

APS Case Review Guide – Ongoing Services

Rev. 6/15/19

Region:	**Review Date:**	**Name of Supervisor:**
Client ID:	**Name of Client:**	
Name of Caseworker(s) Assigned to Case:		
Name of Family Service Worker (if applicable):		

Review Guide Question	**Yes**	**No**	**N/A**	**Comments**	**Definition of Documentation Needed**	**Where Found in the DAS Data System**
APS On-Going Services						

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
1. Does the documentation in the DAS Data System **Investigation Determination** indicate the ongoing need for adult protective services? **(Critical)**					The DAS Data System Investigation Determination Reason and/or Investigation Determination Notes must summarize the findings and, • indicate that the client is personally and socially vulnerable and endangered for further risk of ANE • is in need of APS On-going Services to remove or reduce the risk of further A/N/E. • agrees to APS On-going Services. For clients who are not in agreement, clear indicator of legal action or pending legal action to warrant APS On-going Services	**APS Investigation – Determination Reason, Determination Notes**
2. Is there a current DON-R? **(Critical)**					A DON-R must be completed on the client to indicate functional capacity and identify areas of unmet need. (Completed during the APS Investigation and annually or when significant change occurs in the client's ADL's/IADL's.)	**Consumer – Consumer Assessments: DON-R (DON-R completed during Investigation can be transferred to ongoing, however the data has to be entered in a new DON-R within Consumer Record section)**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
3. Are the duration dates of the current case plan in the DAS Data System correct? **(Procedural)**					The case plan duration dates must cover the month of review and there must be no gaps in case plan dates and service provision. The initial case plan should be the same date as the initial APS Ongoing Services data (Investigation Closure date). Case Plan duration dates: • 90 Days – Short term; convert into standard if past 90 days • 6 months – Standard; supervisory approval for continuation after 6 months The case plan can be revised or a new one created if ongoing status changes or if there has been a significant change in client's needs	**Consumer – Consumer Assessments: APS Service Plan**
4. Is there a signed copy of the current APS Case Plan in the DAS Data System and is it documented in the DAS Data System that the case plan was signed by the client? **(Procedural)**					A signed case plan must be uploaded into the Electronic Data Record. The DAS Data System must indicate why the APS Case Plan was not signed by the client.	**Consumer – Consumer Assessments: APS Case Plan (Signature Section)** **Consumer - Notes**
5. Is there documentation to support client involvement in the development of the case plan (either the initial case plan or at the time of redetermination)? **(Procedural)**					The documentation in the DAS Data System must indicate at least one case management visit where the case plan was discussed and developed with the client and that he/she agreed to the goals/steps in the case plan, **or** there must be documentation in the case management notes regarding why the client did not participate in the case plan.	**Consumer - Notes**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
6. Does the case plan include strategies to eliminate or reduce the risk of abuse, neglect, exploitation? **(Critical)**					The case plan must indicate how the case manager and/or others will eliminate and/or reduce the risk of ANE. This includes, but is not limited to, strategies regarding how unmet needs identified in the DON-R and the APS ANE Risk Assessment will be addressed. Each goal and related steps must indicate who is responsible (client, CM, service provider, FSW, etc.) for the goal, what will be done and timeframes for beginning and completing the steps and the goal.	**APS Investigation – Documentation: APS ANE Risk Assessment** **Consumer – Consumer Assessments: APS Case Plan and DON-R**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
7. Does the DAS Data System documentation support that a minimum of one *monthly* face to face contact occurred between the case worker (or Supervisor) and the client? **(Critical)**					A minimum of one APS Case Management face to face contact occurred with the client and must be documented in the Electronic Data Record. The documentation should describe the status of the client and include: • any significant changes in the client's health (physical and/or mental), physical appearance, caregiving and/or other support systems (including provider changes) • critical incidents and/or serious injuries; • changes in management of financial resources • follow up on issues the client had in a previous visit • how the client is meeting a particular case plan goal and • any other notable changes deemed significant by the CM or Supervisor Note: In the case if a case plan goal that involved a client is not achieved within the time specified in the case plan, the CM should document the reason(s) why it was not achieved. The CM must record his/her name in the documentation.	**Consumer - Notes**
8. Does the DAS Data System documentation support that a minimum of one *quarterly* face to face contact occurred between the case worker (or Supervisor) and the client in an alternate setting? **(Critical)**					A minimum of one APS Case Management face to face contact occurred with the client, outside of the case address and must be documented in the Electronic Data Record. If the client is receiving services outside of the home then one quarterly visit must be made at that setting. If client receives no services outside of the home, then mark this question N/A	**Consumer - Notes**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
9. If the CM identified safety issues in the home while providing APS on-going services (e.g., loaded guns in the house, rugs or other conditions of the flooring that may lead to falls, etc.), did the CM document that he/she addressed all issues with the client and/or caregiver that have the potential for serious injury and/or unexpected death during the reporting period? **(Critical)**					The CM must document any safety issues found and what steps were taken to address those issues. Note: If no safety issues were found, mark N/A for this question.	**Consumer - Notes**
10. Were collateral contacts (**minimum one per month**) made to individuals mentioned in the case plan and/or others (e.g., service and/or medical providers, neighbors, friends, etc.) to assess if risk of A/N/E is still present and/or case plan goal(s)/step(s) were being achieved? **(Critical)**					The documentation must indicate that collateral contacts were made to individuals mentioned in the case plan and/or others who are involved with the client. The CM must document if the collateral source is aware of additional risk factors and/or if case plan goal(s)/steps that involve the collateral source are in progress and/or have been achieved. Note: In the case that a case plan goal that involved a collateral is not achieved within the time specified in the case plan, the CM should document the reason(s) why it was not achieved.	**Consumer - Notes**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
10. **Terminations:** If APS services were terminated for the client, was the criteria met for termination and documented in the Electronic Data System? If there is no termination in the review month, mark N/A. **(Procedural)**					1. APS Termination statement must indicate the case plan goals that have been met, the risk of A/N/E has been eliminated and/or reduced and the client is no longer in need of on-going services. The documentation must have a statement that addresses the client's personal & social vulnerability and risk for further endangerment; **or** 2. The termination statement must state that the client died and the date that the CM was notified of the death; **or** 3. The termination statement must state that the client has elected to voluntarily end APS on-going services and that the client was made aware that he/she may be personally and/or socially vulnerable and may be at risk for further endangerment.	**Look at Harmony: Consumer – Notes – Other - Termination and Harmony: Consumer - Notes** **If Consumer – Notes - Termination Statement indicates the following:** • **Client Died** • **Successor Guardian appointed** • **Client requested services terminated** **Then look only at Consumer – Notes - Termination Statement** **If Consumer – Notes - Termination Statement indicates:** • **Goal(s) met** **Then compare Consumer – Notes - Termination Statement with current Consumer – Consumer Assessments – APS Service Plan**

Review Guide Question	Yes	No	N/A	Comments	Definition of Documentation Needed	Where Found in the DAS Data System
11. **Terminated Cases:** Is there evidence of supervisory concurrence and approval prior to case termination? If client was not terminated in the month of review, mark N/A. **(Procedural)**					The APS Termination "statement" must indicate that the APS Supervisor has reviewed the case and agrees with terminating the client from APS services. The APS Supervisor will enter a Consumer – Note that the case has been reviewed and agreement with termination	**Look at the Consumer – Notes to see if there is an entry from Supervisor indicating Termination review and concurrence**
12. **Terminated Cases:** Was the client notified of the termination? If client was not terminated in the month of review, mark N/A. **(Procedural)**					The APS Case Management Notes, entered prior to or no later than the effective date of the termination of the client, must indicate that the client was notified of the termination, and/or the termination statement addresses client notification. Notification can be made in person or by telephone or mail. If the client was not notified, there is a note in the Harmony Consumer record to indicate why the client was not notified.	**Look at the Consumer – Notes - Termination Statement to see if a statement is that shows that the client was notified of the termination**

Emergency Relocation Funds (ERF) – Use if applicable for the case

1. Is there documentation in the DAS Data System to indicate the need for ERF?					• The documentation in the APS Investigation Record indicates the need for ERF (Emergency Relocation Funds) • Information has been provided to indicate that all other resources have been used or attempts to use prior to requested ERF	**Consumer – Notes** **Consumer – Consumer Assessments: APS ERF Application and Approval Form**

2. Is the ERF request/authorization documented in the Electronic Data Record? **Contact and Documentation Standards 3.16 [P]**					A copy of the APS ERF Application and Approval Form, ADPOR (Authorization for Disbursement/Purchase Order) to DFCS Regional Accounting, along with all required and supporting documentation is in the Electronic Data Record. The Supervisor, the District Manager and/or State Office Representative has approved the request by completing the ERF Decision in the DAS Data System and signing off on the APS ERF Application and Approval Form, ADPOR to DFCS Regional Accounting, and supporting documentation.	**Consumer – Notes** **Consumer – Consumer Assessments: APS ERF Application and Approval Form**
3. Was an income worksheet completed and in the Electronic Data Record? **Contact and Documentation Standards 3.16 [P]**					The Income Worksheet was completed and provides justification or supporting need for ERF.	**Consumer – Notes**

Case Contact Summary

Ongoing Adult Protective Services (Last 3 Months in Case)

Month			
Contact with Client			
Collateral Contact			
Collateral Contact			
Collateral Contact			

Check one:			
▢ Supervisor	▢ District Mgr. 2nd level review	▢ 2 Ptree Staff Second Level/Special Review	▢ P&E Review
Case Corrections or Other Follow Up Needed?			
▢ No	▢ Yes	If yes, date due	
Date Case Corrections/Follow Up Completed:			
Case Review Comments:			

ERF Section Review Guide Questions (Use this section when reviewing a client who received ERF in the month of review or when reviewing the usage of ERF over time for a particular client)	**Yes**	**No**	**N/A**	**Comments**	**Definition of Documentation Needed**	**Where To Find In Electronic Data Record**
Emergency Relocation Funds (ERF)						

ERF Section Review Guide Questions (Use this section when reviewing a client who received ERF in the month of review or when reviewing the usage of ERF over time for a particular client)	Yes	No	N/A	Comments	Definition of Documentation Needed	Where To Find In Electronic Data Record
1. Is a hard copy of the request for ERF funds uploaded in the Electronic Data Record? **(Procedural)**					The APS ERF request to DFCS Regional Accounting is uploaded in the Electronic Data Record. The Supervisor has approved the request in the DAS Data System and signatures of Supervisor/Manager approval is uploaded in the Electronic Data Record.	**Consumer – Notes** **Consumer – Consumer Assessments: APS ERF Application and Approval Form**
2. Does the documentation show the need for emergency relocation funds? **(Procedural)**					The ERF must contain documentation that indicates why ERF funds must be used to remove or reduce the risk of ANE for a client.	**Consumer – Notes** **Consumer – Consumer Assessments: APS ERF Application and Approval Form**

APS Case Review Process

Each DAS program must have quality review processes to ensure consistency and quality in program administration and service delivery. The APS program policy is the foundation for administering the program. State Office assigned APS staff, APS District Managers, Supervisors, Case Managers, Family Service Workers and APS Program Associates are responsible for implementing policy in the delivery of services to disabled and elder persons. The purpose of the DAS APS Review process is to:

- Determine if APS policy and procedures have been followed in the delivery of APS services
- Identify areas of non-compliance and root causes for non-compliance
- Provide feedback to staff, including training and coaching, to ensure that policies are understood and followed and
- Identify opportunities for improvement in the APS program.

Several levels of reviews will be done as part of this process:

- Monthly Supervisory Review by CI / APS Regional Supervisors
- Monthly District Manager Review by APS District Managers
- Monthly State Office Review by APS Fields Operations Manager
- Special Review (High Profile/Serious Injury or Unexpected Death)
- DAS Program Integrity Review

Monthly Supervisory Review by CI / APS Regional

Supervisors Responsibilities:

a. **Required Monthly Review**

- Each supervisor is required to review, at minimum, 2 cases per worker up to 16 records a month. The cases will be randomly selected, ensuring that one each of Investigation and On-going is reviewed. If a supervisor has more than 8 workers, the supervisor will randomly select and review at least one record per worker with additional reviews distributed among staff to ensure that no more that 16 reviews are completed by the Supervisor.
- **Process flow**
  - Supervisors will randomly select a sample as designated above.
  - Supervisors will use the appropriate review guide (Investigation or On-going).
  - Supervisors will check appropriate responses on the review guides and add notations in the comments field as needed or applicable.
    - If no corrections are needed, the guide will be routed to the worker for review and signature. The completed, signed guide will be copied and routed: copy to the worker, copy to the productivity file and the original filed in the case file in the section tabbed “service documentation”.
    - If corrections are needed, the supervisor will note the corrections needed and route the completed guide to the worker. The worker will make necessary corrections with in 5 business days, sign and return the guide to the supervisor in order to verify that all corrections are made by the established due date. The supervisor will verify that corrections have been made to the case. The completed guide will be copied and routed: copy to the worker, copy to the productivity file and the original filed in the case file in the section tabbed “service documentation”.
  - As part of the routine monthly conferences, supervisors should discuss completed guides with staff with regard to accuracy, policy and/or practice to better ensure that workers understand APS policy and application.
  - The supervisor will maintain copies of all completed case reviews for the entire performance period in each employee’s productivity file.
  - A report by worker to include case name, client id and error elements will be submitted to the assigned District Manager by the 10th working day of the month after the review month (e.g., September’s review list would be due to the DM by the 10th working day of October)

b. **Additional Reviews**

- As requested / directed by the District Manager, additional reviews may be assigned for complaints received, Serious Injury and Death Reports, etc.

Monthly Reviews by APS District Managers

Responsibilities:

a. **Required Monthly Second Level Reviews**

- Upon receipt of the completed supervisory review list submitted by assigned supervisors, each district manager will randomly select, from the list, two (2) cases per supervisor and complete a second level case review using the appropriate review guide to assess concurrence with the review findings and error elements data.

  Copies of completed supervisor review lists will be filed in the Supervisor's productivity file for the performance period.

- **Process flow**
  - District Managers will randomly select a sample as designated above.
  - District Managers will use the appropriate review guide (Investigation or On-going).
  - District Managers will check appropriate responses on the review guides and add notations in the comments field as needed or applicable to the case.
  - As part of the routine monthly conferences, District Managers should discuss completed guides with reference to accuracy, policy and/or practice to better ensure that supervisor understands APS policy and application.
  - The District Manager will maintain copies of all completed case reviews for the entire performance period in each Supervisor's productivity file. A copy of the completed review guide will be forwarded to the supervisor.
  - A District report to include Supervisor, case worker, case name, client id and error element data will be submitted to the APS Field Operations Manager by the 20th working day of the month after the review month (e.g., September's District review report would be due by the 20th working day of October)

b. **Additional Reviews**

- As requested or directed by DAS state level staff, additional reviews may be assigned for complaints received, High profile/Serious Injury and Death Reports, etc. (see SIRT policy / procedures on ODIS)
- District Managers may be assigned to serve on quality assurance peer review teams for a District that he/she does not manage.

Monthly Reviews by State Office

Responsibilities:

a. **Required Monthly State Level Reviews**

- Upon receipt of the completed District review report submitted by assigned District Manager, the APS Fields Operations Manager will randomly select, from the report, two (2) completed 2nd level reviews per District Manager and complete a State level case review using the appropriate review guide to assess concurrence with the review findings and error elements data.
- **Process flow**
  - APS Fields Operations Manager will randomly select a sample as designated above.
  - APS Fields Operations Manager will use the appropriate review guide (Investigation or On-going).

- APS Fields Operations Manager will check appropriate responses on the review guides and add notations in the comments field as needed or applicable to the case.
- Report to include comments/recommendation will be shared with the assigned District Manager for follow up if indicated.
- Statewide report to include error element data will be submitted to the DAS Director and Deputy Director on a quarterly basis.

Appendix E Other Agency Referral Forms

	Department of Human Services **Policy and Manual Management System**	**Index:**	**MAN 5500**
		Effective Date:	**06/15/2019**
		Next Review Date:	**06/15/2021**

Subject: Division of Aging Services Adult Protective Services

User	Form Owner	Form Number	Form Name	Instructions	Revision Date
APS/CI	DAS/APS		Healthcare Facilities Regulation (HFR) Referral Form	HFRi	05/2014
APS/CI	DAS/APS		Child Protective Services (CPS) Referral Form	CPSi	05/2014

Healthcare Facilities Regulation (HFR) Referral Form

HFRi

This form shall be used as formal documentation when APS Central Intake forwards a referral to Healthcare Facility Regulation for investigation.

Criteria for Forwarding to HFR

ANE is of a disabled adult/elder person is alleged and the victim is a resident of, or is receiving care in the following settings, and the alleged perpetrator is an employee or affiliated with an employee.

Facilities Regulated by HFR

- Nursing Home
- Rehabilitation Facility
- Personal Care Home
- Assisted Living
- Community Living Arrangement
- Group Home

Settings Regulated by HFR

- Hospitals,
- Clinics,
- Drug Abuse Treatment Programs,
- Hospice,
- Kidney Dialysis Centers,
- Narcotics Treatment Programs,
- Private Home Care Providers,
- Psychiatric Residential Treatment Facilities
- X-Ray Facilities,
- Ambulatory Surgical Treatment Center
- Birth Center
- Comprehensive Outpatient Rehabilitation,
- Eye Banks,
- Home Health Agencies,
- Health Maintenance Organizations
- Intermediate Care Facilities for the Mentally Retarded
- Traumatic Brain Injury Facility

Child Protective Services (CPS) Referral Form

CPSi

This form shall be used as formal documentation when APS Central Intake forwards a referral to Child Protective Services for investigation.

Criteria for Forwarding to CPS

Abuse of any person under 18 years of age.

Child Abuse is Defined As

- Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
- Neglect or exploitation of a child by a parent or caretaker thereof;
- Sexual abuse of a child; or
- Sexual exploitation of a child.

§O.C.G.A. 19-7-5 (a)(4)

Appendix G Assessment and Investigation Forms

	Department of Human Services Policy and Manual Management System	Index:	MAN 5500
		Effective Date:	09/16/2021
		Next Review Date:	09/16/2023

Subject: Division of Aging Services Adult Protective Services

User	Form Owner	Form Number	Form Name	Instructions	Revision Date
APS/Invest	DAS		Authorization for the Release of Information – Form 5459 (English)		
APS/Invest	DAS		Authorization for the Release of Information – Form 5459 (Spanish)		
APS/Invest	DAS		DHS Notice of Privacy Practices (HIPAA) – Form 5460 (English)		
APS/Invest	DAS		DHS Notice of Privacy Practices (HIPAA) – Form 5460 (Spanish)		
APS/Invest	DAS		Determination of Need - Revised (DON-R)	DON-Ri	
APS/Invest	DAS		Saint Louis University Mental Status (SLUMS) Examination	SLUMSi	
APS/Invest	DAS		Patient Health Questionnaire – 9 (PHQ-9)	PHQ-9i	
APS/Invest	DAS/APS		APS Income Worksheet		
APS/Invest	DAS/Access to Services		ADRC Risk Assessment for Institutional Placement		
APS/Invest	DAS/CCSP		Falls Risk Assessment		
APS/Invest	DAS/HCBS		Food Security Survey Form		
APS/Invest	DAS/APS		Guardianship or Conservatorship Referral Form		
APS/Invest	DAS/APS		Guardianship Filing Checklist	GFCi	
APS/Invest	DAS/APS		Diligent Effort to Locate		
APS/Invest	DAS/APS		Assessment Matrix		
APS/Invest	DAS/APS		Investigation Matrix		
APS/Invest	DAS/APS		Disabled Adult Abuse Report		
APS/Invest	DAS/APS		Medical Records Request		
APS/Invest	DAS/APS		Out-of-State Request Reporting Form		

Authorization for the Release of Information – Form 5459 (English)

Authorization for the Release of Information – Form 5459 (Spanish)

DHS Notice of Privacy Practices (HIPAA) – Form 5460 (English)

DHS Notice of Privacy Practices (HIPAA) – Form 5460 (Spanish)

Determination of Need - Revised (DON-R)

DON-Ri

Definitions

There are a few terms used throughout the DON manual that require a definition.

Client

Persons who are undergoing an assessment for the particular program or agency by which you are employed.

Assessor

The person conducting the assessment.

Caregivers

Caregivers are individuals who provide informal physical, emotional and cognitive supports. They are usually unpaid family members or friends who provide care for the applicant.

Functional Assessment (ADLs/IADLs) Introduction

The Determination of Need Functional Assessment (DON) instrument was originally developed as part of a contract with the Illinois Department of Aging to provide it with the means for determining eligibility for community based services. As such there was a need for the DON to identify those factors that were the best predictors of need for care. Furthermore, there was a need for the instrument to be constructed in a fashion that would permit the state to set funding caps for different levels of impairment, but also allow for adjustment as a care-recipient's care needs changed. Beginning in 1987 and concluding in 1989, a group of researchers at the Gerontology Center of the University of Illinois at Chicago, worked on developing such an instrument. The process involved in the DON's development is well documented in a three volume final report to the Illinois Department on Aging (Paveza et al., 1989; Prohaska et al., 1989; Hagopian et al., 1990) and in two articles (Paveza et al., 1990a; Paveza et al., 1990b).

Since the DON was developed as part of a state contract the instrument resides in the public domain. The instrument described in this manual represents a modification for use by those wishing to solely assess functional impairment in persons with whom they are working, as well as refinements made to the interpretative process as use of this instrument has evolved over time. Nevertheless, since the original DON was developed under a public contract, this modified DON also resides in the public domain.

The Determination of Need (DON) defines the factors which help determine a person's functional capacity and their unmet need for assistance in dealing with these impairments. The DON allows for independent assessment of both impairment in functioning on Basic Activities of Daily Living (BADL) and Instrumental Activities of Daily Living (IADL) and the need for assistance to compensate for these impairments.

The backbone of determining the level of need for care is whether a person can perform activities

of daily living (ADL). Table 1 presents the list of ADL included in the DON under two headings: BASIC AND INSTRUMENTAL.

Basic Activities of Daily Living (BADL)	Instrumental Activities of Daily Living (IADL)
Eating	Managing Money
Bathing	Telephoning
Grooming	Preparing Meals
Dressing	Laundry
Transfer (In & Out of Bed/Chair)	Housework
Bowel/Bladder Continence	Outside Home
	Routine Health
	Special Health
	Being Alone

Basic Activities of Daily Living (BADL) refer to those activities and behaviors that are **the most fundamental self-care activities to perform** and are an indication of whether the person can care for ones own physical needs.

Instrumental Activities of Daily Living (IADL) are the more complex activities associated with daily life. (They are applications of the Basic Activities of Daily Living.) Information regarding both BADL and IADL are essential to evaluating whether a person can live independently in the community.

Determination of Need (DON) Functional Assessment Instrument

The Determination of Need (DON) Functional Assessment is a unique measure of functional assessment in that it differentiates between impairment in functional capacity and the need for care around a particular functional capacity. Furthermore, it is an ordinal scale with clearly defined meanings for each level of impairment, each level of unmet need for care and each functional activity. Because of its ordinal nature, it permits quantification of scores so that changes in scores in subscales for BADLs and IADL's and for Total Impairment represent actual changes in impairment, and changes in scores for unmet need for care in BADLs, IADLs and Total Unmet Need for Care represent actual changes in unmet need for care. Table 2 presents the instrument in reduced format, a copy of the actual instrument for use is included at the end of this manual.

Before discussing the specific definitions that describe the functional activities included in the DON and the definitions that specify each of the levels of impairment and unmet need for care, some general comments about the DON are provided to assist in the completion of the instrument.

THE "CASE COMMENTS" SPACE TO THE RIGHT OF COLUMN B IN THE FUNCTIONAL STATUS SECTION IS USED TO:

- Note special reasons for impairment or **unmet** need.
- Describe the type of service, caregiver support or assistive devices that decreases the client's unmet need.
- Record the primary caregivers' names or other pertinent information.

COLUMN RULES:

Use the following criteria to decide when to stop asking questions for a particular Functional Status item or when to skip column B.

1. Ask each FUNCTIONAL STATUS item, starting with Column A.
2. If Column A, "level of impairment", is scored "0", score Column B "0".
3. If Column A is scored greater than "0", ask Column B.

Determination of Need Functional Assessment

Function	Level of Impairment	Unmet Need for Care	Case Comments: Identify resources, describe special needs and circumstances that should be taken into account when developing a care plan
1. Eating	0 1 2 3	0 1 2 3	
2. Bathing	0 1 2 3	0 1 2 3	
3. Grooming	0 1 2 3	0 1 2 3	
4. Dressing	0 1 2 3	0 1 2 3	
5. Transferring	0 1 2 3	0 1 2 3	
6. Continence	0 1 2 3	0 1 2 3	
7. Managing Money	0 1 2 3	0 1 2 3	
8. Telephoning	0 1 2 3	0 1 2 3	
9. Preparing Meals	0 1 2 3	0 1 2 3	
10. Laundry	0 1 2 3	0 1 2 3	
11. Housework	0 1 2 3	0 1 2 3	
12. Outside Home	0 1 2 3	0 1 2 3	
13. Routine Health	0 1 2 3	0 1 2 3	
14. Special Health	0 1 2 3	0 1 2 3	
15. Being Alone	0 1 2 3	0 1 2 3	
Box A: Subtotal Col A, Items 1-6	Box A	Box B	Box B: Subtotal Col B, Items 1-6
Box C: Subtotal Col A., Items 7-15	Box C	Box D	Box D: Subtotal Col B, Items 7-15
Box E: Subtotal Box A & Box C	Box E	Box F	Box F: Subtotal Box B & Box D
		Box G	Box G: Subtotal Box E & Box F

Column A: Level of Impairment

Each one of the basic and instrumental activities of daily living (BADL/IADL) needs to be discussed in terms of level of impairment. How the assessor mentions functional impairment is not as important as encouraging the client to report difficulties with the activity. Sample questions could include:

Are you able to do . . . ?
How much difficulty do you have in doing . . . ?

The object is to gather sufficient information to determine the most appropriate score below.

Score 0 - Performs or can perform all essential components of the activity, with or without an assistive device, such that:

- no significant impairment of function remains; or
- activity is not required by the client (IADLs: medication management, routine and special health only); or
- client may benefit from but does not require verbal or physical assistance.

Score 1 - Performs or can perform most essential components of the activity with or without an assistive device, but some impairment of function remains such that client requires some verbal or physical assistance in some or all components of the activity.

This includes clients who:

- experience minor, intermittent fatigue in performing the activity; or
- take longer than would be required for an unimpaired person to complete the activity; or
- must perform the activity more often than an unimpaired person; or
- require some verbal prompting to complete the task.

Score 2 - Cannot perform most of the essential components of the activity, even with an assistive device, and/or requires a great deal of verbal or physical assistance to accomplish the activity.

This includes clients who:

- experience frequent fatigue or minor exertion in performing the activity; or
- take an excessive amount of time to perform the activity; or
- must perform the activity much more frequently than an unimpaired person; or
- require frequent verbal prompting to complete the task.

Score 3 - **Cannot** perform the activity and requires someone else to perform the task, although client may be able to assist in small ways; or requires constant verbal or physical assistance.

Column B: Unmet Need for Care

In scoring this column, the idea is both to obtain information from the client about their perceptions regarding need for care and to use your observational skills to determine what the impact might be on the client should care or assistance not be provided to the client. The availability of an appropriate caregiver also needs to be assessed.

Questions that might be asked of clients and caregivers are:
Can you tell me if you are getting enough help in meeting your needs around _? Do you think you need more help with _?

In your own observations, look at client's mobility, level of clutter, appearance, unpaid bills, forgetfulness, etc., to assess the level of risk to health or safety if current levels of assistance are not maintained, or if additional assistance is not added.

Score 0 - The client's need for assistance is met to the extent that the client is at no risk to health or safety if additional assistance is not acquired; or the client has no need for assistance; or additional assistance will not benefit the client.

Score 1 - The client's need for assistance is met most of the time, or there is minimal risk to the health and safety of the client if additional assistance is not acquired.

Score 2 - The client's need for assistance is not met most of the time; or there is moderate risk to the health and safety of the client if additional assistance is not acquired.

Score 3 - The client's need for assistance is seldom or never met; or there is severe risk to the health and safety of the client that would require acute medical intervention if additional assistance is not acquired.

Item Definitions

1. **EATING**

   A. Is the client able to feed himself/herself?

      Assess the client's ability to feed oneself a meal using routine or adapted table utensils and without frequent spills. Include the client's ability to chew, swallow, cut food into manageable size pieces, and to chew and swallow hot and cold foods/beverages. When a special diet is needed, **do not** consider the preparation of the special diet when scoring this item (see "preparing meals" and "routine health" items).

   B. Is someone available to assist the client at mealtime?

      If the client scores at least one (1) in Column A, evaluate whether someone (including telephone reassurance) is available to assist or motivate the client in eating.

2. **BATHING**

   A. Is the client able to shower or bathe or take sponge baths for the purpose of maintaining adequate hygiene as needed for the client's circumstances?

      Assess the client's ability to shower or bathe or take sponge baths for the purpose of maintaining adequate hygiene. Consider minimum hygiene standards, medical prescription, or health related considerations such as incontinence, skin ulcer, lesions, and frequent profuse nose bleeds. Consider ability to get in and out of the tub or shower, to turn faucets, regulate water temperature, wash and dry fully. Include douches if required by impairment.

   B. Is someone available to assist or supervise the client in bathing?

      If the client scores at least one (1) in Column A, evaluate the continued availability of resources to assist in bathing. If intimate assistance is available but inappropriate and/or opposed by the client, consider the assistance unavailable.

3. **GROOMING**

   A. Is the client able to take care of his/her personal appearance?

      Assess client's ability to take care of personal appearance, grooming, and hygiene activities.

Only consider shaving, nail care, hair care, and dental hygiene.

B. Is someone available to assist the client in personal grooming tasks?

If the client scores at least one (1) in Column A, evaluate the continued personal assistance needed, including health professionals, to assist the client in grooming.

4. **DRESSING**

A. Is the client able to dress and undress as necessary to carry out other activities of daily living?

Assess the client's ability to dress and undress as necessary to carry out the client's activities of daily living in terms of appropriate dress for weather or street attire as needed. Also include ability to put on prostheses or assistive devices. Consider fine motor coordination for buttons and zippers, and strength for undergarments or winter coat. Do not include style or color coordination.

B. Is someone available to assist the client in dressing and undressing?

If the client scores at least one (1) in Column A, evaluate whether someone is available to help dressing and/or undressing the client at the times needed by the client. If intimate assistance is available but inappropriate and/or opposed by the client, consider the assistance unavailable.

5. **TRANSFER**

A. Is the client able to get into and out of bed or other usual sleeping place?

Assess the client's ability to get into and out of bed or other usual sleeping place, including pallet or arm chair. Include the ability to reach assistive devices and appliances necessary to ambulate, and the ability to transfer (from/to) between bed and wheelchair, walker, etc. Include ability to adjust the bed or place/remove handrails, if applicable and necessary. When scoring, do not consider putting on prostheses or assistive devices.

B. Is someone available to assist or motivate the client to get in and out of bed?

If the client scores at least one (1) in Column A, evaluate the continued availability of resources, (including telephone reassurance and friendly visiting) to assist or motivate the client in getting into and out of bed.

6. **CONTINENCE**

A. Is the client able to take care of bladder/bowel functions without difficulty?

Assess the client's ability to take care of bladder/bowel functions by reaching the bathroom or other appropriate facility in a timely manner. Consider the need for reminders.

B. Is someone available to assist the client in performing bladder/bowel functions?

If the client scores at least one (1) in Column A, evaluate whether someone is available to assist or remind the client as needed in bladder/bowel functions.

7. **MANAGING MONEY**

   A. Is the client able to handle money and pay bills?

      Assess the client's ability to handle money and pay bills. Include ability to plan, budget, write checks or money orders, exchange currency, and handle paper work and coins. Include the ability to read, write and count sufficiently to perform the activity. Do not increase the score based on insufficient funds.

   B. Is someone available to help the client with money management and money transactions?

      If the client scores at least one (1) in Column A, evaluate whether an appropriate person is available to plan and budget or make deposits and payments on behalf of the client. Consider automatic deposits, banking by mail, etc.

8. **TELEPHONING**

   A. Is the client able to use the telephone to communicate essential needs?

      Assess the client's ability to use a telephone to communicate essential needs. The client must be able to use the phone: answer, dial, articulate and comprehend. If the client uses special adaptive telephone equipment, score the client based on the ability to perform this activity with that equipment. Do not consider the absence of a telephone in the client's home. (Note: The use of an emergency response system device should not be considered)

   B. Is someone available to assist the client with telephone use?

      If the client scores at least one (1) in Column A, evaluate whether someone is available to help the client reach and use the telephone or whether someone is available to use the telephone on behalf of the client. Consider the reliability and the availability of neighbors to accept essential routine calls and to call authorities in an emergency.

9. **PREPARING MEALS**

   A. Is the client able to prepare hot and,/or cold meals that are nutritionally balanced or therapeutic, as necessary, which the client can eat?

      Assess the client's ability to plan and prepare routine hot and/or cold, nutritionally balanced meals. Include ability to prepare foodstuffs, to open containers, to use kitchen appliances, and to clean up after the meal, including washing, drying and storing dishes and other utensils used in meal preparation. Do not consider the ability to **plan** therapeutic or prescribed meals.

   B. Is someone available to prepare meals as needed by the client?

      If the client scores at least one (1) in Column A, evaluate the continued availability of resources (including restaurants and home-delivered meals) to prepare meals or supervise meal preparation for the Client. Consider whether the resources can be called upon to prepare meals in advance for reheating later.

10. **LAUNDRY**

    A. Is the client able to do his,/her laundry?

Assess the client's ability to do laundry including sorting, carrying, loading, unloading, folding, and putting away. Include use of coins where needed and use of machines and/or sinks. Do not consider the location of the laundry facilities.

B. Is someone available to assist with performing or supervising the laundry needs of the client?

If the client scores at least one (1) in Column A, evaluate the continued availability of laundry assistance, including washing and/or dry cleaning. If public laundries are used, consider the reliability of others to insert coins, transfer loads, etc.

11. **HOUSEWORK**

A. Is the client able to do routine housework?

Assess the client's ability to do routine housework. Include sweeping, scrubbing, and vacuuming floors. Include dusting, cleaning up spills, and cleaning sinks, toilets, bathtubs. Minimum hygienic conditions for client's health and safety are required. **Do not** include laundry, washing or drying dishes or the refusal to do tasks if refusal is unrelated to the impairment.

B. Is someone available to supervise, assist with, or perform routine household tasks for the client as needed to meet minimum health and hygiene standards?

If the client scores at least a one (1) in Column A, evaluate the continued availability of resources, including private pay household assistance and family available to maintain the client's living space. When the client lives with others, **do not assume** the others will clean up for the client. This item measures only those needs related to maintaining the client's living space and is not to measure the maintenance needs of living space occupied by others in the same residence.

12. **OUTSIDE HOME**

A. Is the client able to get out of his/her home and to essential places outside the home?

Assess the client's ability to get to and from essential places outside the home. Essential places may include bank, post office, mail box, medical offices, stores, and laundry if nearest available facilities are outside the home. Consider ability to negotiate stairs, streets, porches, sidewalks, entrance and exits of residence, vehicle, and destination in all types of weather. Consider the ability to secure appropriate and available transportation and to know locations of home and essential places. Lack of appropriate and available transportation as needed, will increase the score. However, in scoring, do not consider the inability to afford public transportation.

B. Is someone available to assist the client in reaching needed destinations?

If the client scores at least one (1) in Column A, evaluate the continued availability of escort and transportation, or someone to go out on behalf of the client. Consider banking by mail, delivery services, changing laundromats, etc., to make destinations more accessible.

13. **ROUTINE HEALTH CARE**

A. Is the client able to follow the directions of physicians, nurses or therapists, as needed for

routine health care?

Assess the client's ability to follow directions from a physician, nurse or therapist, and to manipulate equipment in the performance of routine health care. Include simple dressings, special diet planning, monitoring of symptoms and vital signs (e.g. blood pressure, pulse, temperature and weight), routine medications, routine posturing and exercise not requiring services or supervision of a physical therapist.

B. Is someone available to carry out or supervise routine medical directions of the client's physician or other health care professionals?

If the client scores at least one (1) in Column A, evaluate the continued availability of someone to remind, supervise or assist the client in complying with routine medical directions. If the assistance needed involves intimate care, and the caregiver is inappropriate and/or opposed by the client, consider the assistance unavailable.

14. **SPECIAL HEALTH CARE**

A. Is the client able to follow directions of physicians, nurses or therapists as needed for specialized health care?

Assess the client's ability to perform or assist in the performance of specialized health care tasks which are prescribed and generally performed by licensed personnel including physicians, nurses, and therapists. Include blood chemistry and urinalysis; complex catheter and ostomy care; complex or non-routine posturing/suctioning; tube feeding; complex dressings and decubitus care; physical, occupational and speech therapy; intravenous care; respiratory therapy; or other prescribed health care provided by a licensed professional. Score "O" for clients who have no specialized health care needs.

B. Is someone available to assist with or provide **specialized health** care for the client?

If the client scores at least one (1) in Column A, evaluate the continued availability of specially trained resources as necessary to assist with or perform the specialized health care task required by the client.

15. **BEING ALONE**

A. Can the client be left alone?

Assess the client's ability to be left alone and to recognize, avoid, and respond to danger and/or emergencies. Include the client's ability to evacuate the premises or alert others to the Client's need for assistance, if applicable, and to use appropriate judgment regarding personal health and safety.

B. Is someone available to assist or supervise the client when the client cannot be left alone?

If the client scores at least one (1) in Column A, evaluate the continued availability of someone to assist or supervise the client as needed to avoid danger and respond to emergencies. Consider friendly visiting, telephone reassurance, and neighborhood watch programs.

Scoring The Don

Scoring the DON is done by obtaining a series of totals in boxes A, B, C, D, E, F, and G on the bottom of the DON form.

SUBTOTALS OF COLUMNS A AND B:

1. Add the scores for the first six functional activities (1-6) of Column A, and enter that score in Box A (SUM [1 - 6] = Box A). Then add the scores for the last nine functional activities (7-15) and enter that score in Box C (SUM [7 - 15] = Box C). Finally add the scores for Box A and Box C and place that total in Box E (Box A + Box C = Box E).
2. Add the scores for the first six functional activities (1-6) of Column B, and enter that score in Box B (SUM [1 - 6] = Box B). Then add the scores for the last nine functional activities (7-15) of Column B and enter that score in Box D (SUM [7 - 15] = Box D). Finally add the scores for Box B and Box D and place that total in Box F (Box B + Box D = Box F)
3. Add the scores from Box E and Box F and enter that total in Box G (Box E + Box F = Box G).

Each of these boxes provides specific information about the client. Box A provides a score that represents total impairment in Basic Activities of Daily Living, while Box C provides a score that represents total impairment in Instrumental Activities of Daily Living. Box E provides a summary score that represents total functional impairment.

Box B provides a score that represents the total unmet need for care in Basic Activities of Daily Living, while Box D provides information about the total unmet need for care around Instrumental Activities of Daily Living. Box F provides a summary score of unmet need for all Activities of Daily Living.

Box G provides a summary score that represents a total care burden and represents both a combination of total impairment and total unmet need for care.

Interpretation of The Don

Interpretation of the DON should be considered in light of several factors including the degree to which scores are a mix between no impairment and moderate and severe impairment. However, by dividing the score entered in any Box by the number of activities that make up its subscale score, it is possible to reduce that score to an ordinal equivalent, a category between No Impairment and Severe Impairment. To derive standardized scores for each box: **Divide Box A and Box B by 6; Divide Box C and Box D by 9; Divide Box E and Box F by 15; and divide Box G by 30.** This will provide you with a score between 0 and 3, which can then be matched to the interpretations offered below for the standardized scores. ***Remember that to use these interpretations you must divide the score in any box by the numbers noted above (6,9,15 or 30).***

Score Interpretation

0

No impairment or no unmet need for care

Greater than 0 and less than or equal to 1

Mild impairment or mild unmet need for care

Greater than 1 and less than or equal to 1.5

Mild to Moderate impairment or mild to moderate unmet need for care

Greater than 1.5 and less than or equal to 2

Moderate impairment or moderate unmet need for care

Greater than 2 and less than or equal to 2.5

Moderate to severe impairment or unmet need for care

Greater than 2.5

Severe impairment or unmet need for care

To make a specific interpretation, choose one of the boxes and divide that score by the appropriate number as indicated on page 14. Then interpret that modified score based on the functional activities or unmet need for care represented by that box. For example if discussing the modified Box A score, a score of 1.7 would be interpreted to mean that the client has mild to moderate impairment in Basic Activities of Daily Living, while this same score for box C would be interpreted to mean mild to moderate impairment in Instrumental Activities of Daily Living. In Box D, it would be interpreted to mean mild to moderate unmet need for care. Finally in Box G this score would be interpreted to mean mild to moderate overall care burden in functional activities.

Reporting can than be enhanced by noting the specific areas of impairment. Thus one might report that: “Mrs. Jones is moderately impaired in BADL’s with specific impairments in Bathing, Dressing and Transfer. She has a moderate unmet need for care in BADL’s with specific needs in Bathing and Transfer.” Similar specificity can be applied to IADL’s, total functional capacity and total care burden.

References

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Paveza GJ, Cohen D, Blaser CJ, Hagopian M: A Brief Form of the Mini-Mental State Examination for Use in Community Settings. *Behavior, Health and Aging 1*: 133-139, 1990b.

Paveza GJ, Prohaska T, Hagopian M, Cohen D: *Determination of Need - Revision: Final Report, Volume I*. Chicago, Illinois: University of Illinois at Chicago, 1989.

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Saint Louis University Mental Status (SLUMS) Examination

SLUMSi

Who Can Complete the Form: Social Services, Reflections/Passages Program Coordinators, Licensed Nurses, MDs, NPs, OTs, PTs, Residence Supervisors and Other Qualified Healthcare Professional who have been trained (and retrained annually) by viewing the VA-produced DVD (available upon request to tumosan@slu.edu).

Purpose of the Form: To screen individuals to look for the presence of cognitive deficits, and to identify changes in cognition over time.

Instructions for Use

1. Complete resident demographics at the top of the page.
2. We recommend that you put the date and the name of the evaluator on the bottom of the page as well (see #19).
3. Administration should be conducted privately and in the examinee's primary language. Be prepared with the items you need to complete the exam. You will need a watch with a second hand on it.
4. Record the number of years the patient attended school. If the patient obtained an Associates, Bachelor's, Master's or Doctorate degree, note the degree achieved instead of actual years of school attended.
5. Determine if the patient is alert. Do not answer "yes" or "no", but indicate level of alertness. Alert indicates that the individual is fully awake and able to focus. Other descriptors include: drowsy, confused, distractible, inattentive, preoccupied.
6. Begin by asking the patient the following:

   > **"Do you have any trouble with your memory?" "May I ask you some questions about your memory?"**

   Then proceed with the exam questions.

7. Read the questions aloud clearly and slowly to the examinee. It is not usually necessary to speak loudly but it is necessary to speak slowly.
8. Begin by asking the patient something similar to the following:

   > **"Do you have any trouble with your memory?" "May I ask you some questions about your memory?" "I'd like to see how good your memory is by asking you some questions." You may need to reassure patients by telling them that this is not a test that they can fail but merely a tool much like a thermometer that takes temperature is a tool. What this does is checks for the amount of memory they have.**

   Then begin to administer the exam questions.

9. Score the questions as indicated on the examination.

10. On question #4, read the statement as listed on the exam. Ask the patient to repeat each of the five objects (Apple, Pen, Tie, House, Car) that you recite to make sure that the patient heard and understood what you said. Repeat them as many times as it takes for the patient to repeat them back to you correctly.
11. On question #5, make sure the patient is focused on you prior to reciting the information. Obtain an answer for the first part of the question ("How much did you spend") before moving on to part two ("How much do you have left?"). Do not prompt or give hints, but do give ample time to the patient to answer the questions. If the patient asks you to repeat the question you may do so once.
12. Redirect the patient's attention if necessary back to you to answer question #6. Give them one minute to complete the question. Be sure to time them.
13. Continue with the exam questions in the order that they are listed.
14. On question #8, state each number by its individual name. 87 is pronounced eight, seven; 649 is pronounced six, four, nine; 8537 is pronounced eight, five, three, seven.
15. On question #9, either draw a large circle on the back of the examination form or provide the patient with a separate piece of paper with a larger circle printed on it and attach it to the original examination form. When scoring, give full credit for either all 12 numbers or all 12 ticks. If the patient puts only 4 ticks on the circle, prompt them once to put numbers next to those ticks (12, 3, 6, and 9) for full credit. When scoring the correct time, make sure the hour hand is shorter than the minute hand and that the minute hand points at the 10 and the hour hand points at the 11.
16. You may also provide a separate sheet with larger examples of the forms listed on question #10 for those with vision impairment. This sheet should be created by enlarging the figures on the examination form and can also be attached to the original form.
17. Read question #11 as written, and provide ample time to answer each question. Do not repeat the story but do make sure they are paying attention the first time you read it to them. Do not prompt or give hints. The answer of Chicago as the state she lives in gets no credit but you may prompt them once by repeating the question.
18. Score the examination as listed at the bottom of the page, circling the level based on the score.
19. Sign and date the form.
20. **Upon Completion of the Form:**
    - ▢ Record the score in the patient's record and comment on any indicated changes
    - ▢ Depending upon office protocols, either put the sheet in the patient's record, place it in a separate identified location, or destroy the worksheet once the score is recorded in the patient record (Specify based on Office Center Policy)
21. **Form Status: (Varies by office)**

    Mandatory for (e.g., patients with diagnoses or indicators of cognitive loss

    Mandatory for _____

09/03/09

Patient Health Questionnaire – 9 (PHQ-9)

PHQ-9i

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

- The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- The tool rates the frequency of the symptoms which factors into the scoring severity index.
- Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation.
- A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

Clinical Utility

The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

Scoring

See PHQ-9 below.

Psychometric Properties

- The diagnostic validity of the PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.
- PHO scores :2'. 1O had a sensitivity of 88% and a specificity of 88% for major depression.
- PHQ-9 scores of 5, 10, 15, and 20 represents mild, moderate, moderately severe and severe depression.[1]

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis

The clinician should rule out physical causes of depression, normal bereavement and a history of a maniclhypomanic episode

Step 1: Questions 1 and 2

Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

Step 3: Question 10

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1

A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult"

Step 2

Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score
The Total Score = the Severity Score

Step 3

Review the Severity Score using the following TABLE.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation *Patient Preferences should be considered*
5-9	Minimal Symptoms[2]	Support, educate to call if worse, return in one month
10-14	Minor depression[3] Dysthymia[2] Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

The Patient Health Questionnaire (PHQ-9)

Patient Name _____

Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0		2	3
2. Feeling down, depressed or hopeless	0		2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0		2	3
4. Feeling tired or having little energy	0		2	3
5. Poor appetite or overeating	0		2	3
6. Feeling bad about yourself - or that you’re a failure or have let yourself or your family down	0		2	3

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
7. Trouble concentrating on things, such as reading the newspaper or watching television	0		2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0		2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0		2	3
Column Totals				
Add Totals Together				

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?
    - ▢ Not difficult at all
    - ▢ Somewhat difficult
    - ▢ Very difficult
    - ▢ Extremely difficult

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APS Income Worksheet

ADRC Risk Assessment for Institutional Placement

Falls Risk Assessment

Food Security Survey Form

Guardianship or Conservatorship Referral Form

Guardianship Filing Checklist (GFC)

GFCi

This checklist should be used to initiate conversation during a formal staffing of the case with APS management (Supervisor, DM and/or State Office). This checklist is an additional measure to ensure services will be the least restrictive possible for the client and guardianship will be a last resort.

Each client is presumed to be “mentally competent.” Adults should exercise the freedom of choice and the right to refuse services as long as the client has the capacity to understand the consequences of his/her actions or inactions. APS case managers should make every effort to inform the client about conclusions based on the assessment of the problem, solutions and/or resources to address the problem and consequences that may result is the problem is not addressed. Frequently, decisions made by individuals are questioned when those decisions conflict with another’s opinion. Those “opinions” often come from family, friends, health care providers and/or others in the com-

munity who, while having genuine concern for the client, are unable to accept the client's decisions that they believe are inept, inappropriate or even wrong. Others often forget that adults have the right to make bad, foolish and/or eccentric decisions. Adults have the right to accept or refuse treatment options others believe he/she needs, and adults have the right to accept and refuse services others think are in his/her best interest. While it is important for APS case managers to take this "collateral" information into consideration when making conclusions and developing strategies to address the client's issues, CM should not succumb to the pressure from others and in haste, implement interventions like petitioning for guardianship that will remove many of the client's legal rights that any reasonable person expects to maintain during his/her lifetime. Case managers, at minimum, should consider the following whenever guardianship, as the last resort intervention, is being considered:

- Does the client:
  - Understand information that's needed to make an informed decision?
  - Give a plausible explanation for decisions? Weigh the risks and benefits of options?
  - Appreciate his/her own situation and its consequences?
  - Communicate a choice?

Guidelines for Answering Checklist Questions

1. *Are any impairments (ADLs/IADLs) that could put the client at risk for ANE managed? (Independently or with assistance)*

   If no or if the client may need assistance with managing the impairments, are there informal supports available to assist? Are there programs or services available to assist with the impairment? Have all other options been explored? Note: Utilize the ADRC as a tool to explore other options.

   Did the client refuse services? If so, is his/her competence in question? If not, remember that the client has the right to refuse social services that case managers and/or others believe will improve his/her quality of life.

2. *Is the client able to understand and respond to verbal communications?*

   Are the responses appropriate? If so, this is an indicator that the client does not lack capacity and guardianship may not be appropriate.

   If no, the case manager should determine if there are barriers to communication or if this is an indicator that the client may lack competency. Is English the client's second language? Is a translator needed? Is there a hearing impairment? Is the client mute? Does the client need a communication device? When spoken to, can the client use hand gestures, facial expressions (e.g., blinking of eyes), to respond?

3. *Is the client able to make and communicate choices in regard to medical treatment?*

   If no, are there other alternatives in place or have been explored to meet this need that is less intrusive?

   i. Releases of information

ii. Georgia Advance Directive for Health Care

iii. Do-Not-Resuscitate Orders

4. *Does the client understand the potential risks of not accepting medical treatment?*

   If yes, remember that the client has the legal right to refuse medical treatment even if without it he/she may die even if a physician and/or other health care professional recommends that the treatment will result in a positive outcome for the client.

   Is the client currently in a hospital or health care setting in which the GA Medical Consent Law or the Healthcare Placement Transfer Act could be considered?

   If no, this may be an indicator that the client lacks competency.

5. *Is the client able to communicate wishes regarding legal documents or services?*

   If yes, are there any such documents in place? (If there are documents, please list information on individuals named in the section provided at end of the checklist) Examples include:

   i. Durable Power of Attorney for Health Care (prior to 7/1/2007)

   ii. Living Will (prior to 7/1/2007)

   iii. Georgia Advance Directive for Health Care

   iv. Do Not Resuscitate Order

   v. Last Will and Testament

   vi. General (Durable) Power of Attorney

   vii. Living Trust

   Was the client asked if he/she wanted access to legal representation to act on his/her behalf and the client's response indicated that he/she did not understand the legal risks regarding decisions about his/her person or finances?

   If no, this may be an indicator that the client lacks competency.

6. *(For clients with a mental health issue) Is the client's mental health issue managed? (Independently or with assistance)*

   If no, what are the diagnoses? Is the client receiving treatment from DBHDD or another MH provider? If yes, has the CM contacted the provider and/or attempted to connect the client with services?

   If the mental health issue is not managed, is it because the client is non-compliant with medication? Has the client been asked why? Are there cost issues or side effects that should be addressed with the client and a MH provider?

   When the risk of harm is created because he or she has a mental illness and is refusing medication or other treatment, guardianship may not resolve the problem, because guardianship alone does not overcome the right to refuse treatment for mental illness.

7. *(For clients with an intellectual disability). Is the intellectual disability managed? (Independently or with assistance)*

   If no, what is the diagnosis? Is the client receiving services and if yes, what services? If there is a current provider, has the case manager contacted or attempted to contact the provider? Has the case manager attempted to connect the client with services, especially if the client is not receiving formal services at the current time?

8. *Is the client able to maintain shelter that is safe (i.e., adequate heat/ventilation, access to water)?*

   If no, have services and/or other resources been explored to assist with resolving these issues?

   Did the client refuse help and/or relocate from this unsafe environment? If so, are there reasons to question the validity of the client's decision to remain in the environment?? Remember, a client is free to live as he/she chooses, no matter how contrary to the established norm or self-destructive his/her lifestyle, as long as he/she understands the consequences of their actions and does not harm others.

9. *Is the client able to identify and resist financial exploitation?*

   If no, have other alternatives been explored to reduce this risk and are less intrusive?

   i. Restricted Bank Accounts
   ii. Durable Power of Attorney
   iii. Representative Payee
   iv. Trust
   v. Conservatorship

Other Considerations

If the majority of the questions can be answered no, petitioning for guardianship may be an appropriate option.

It is always worth considering whether guardianship is going to be a useful tool for solving a problem. Even when a person is determined to lack capacity to make an informed decision, guardianship is not likely to be an effective tool to protect a person from harm where the person has the determination and practical ability to continue to engage in risky behaviors. This is because guardianship is primarily a form of decision-making support and substitute consent, not a way of forcing the person to engage (or not engage) in particular behaviors. It is important to consider whether there will be any practical way of enforcing the guardian's authority over a person who is likely to resist. Public Guardianship Office (PGO) case managers are not present 24/7 with the clients they manage.

If the client will need placement in a facility to reduce the risk, is there a placement in mind? And is the client willing to explore placement options and/or engage family/friends or significant others to help locate placement for him/her?

Lastly, remember that the adult has a right to autonomy and is our primary client-not the community or the family. Autonomy means that the values and lifestyle of any adult takes precedence over

community norms, agency policies and case manager concerns.

Community or family pressure should not be a driving force to petition for guardianship.

Diligent Effort to Locate

Investigation Matrix

Type of ANE	Required Response	Recommended Response
All ANE	• Acknowledge receipt of report from CI and assign for investigation • Forward accepted reports to local LE (O.C.G.A. §30-5-4) • Initial face-to face visit with client alone and no later than 10 calendar days • Priority reports immediately as prescribed in 3002 • New Reports/Allegations on open cases investigated within 5 days of the additional report • Home visit or visit to current living arrangement, if applicable • Research prior APS history, if available	NA

Type of ANE	Required Response	Recommended Response
Self Neglect	• Face to face contact/interview with client alone • Home visit or visit to current living arrangement, if applicable • Research prior APS history, if available • Collateral contacts (i.e. reporter, all formal service providers and relevant others) who have information on risk/harm • Verification of health insurance/public benefits, as appropriate • All required assessments (need list) – you can include safety assessment here • Upon completion of investigation, the APS case manager shall: ◦ Discuss with the client next steps. ▪ Update client on any referrals or services that have been arranged ▪ Provide client with contact information for Central Intake and ADRC when referrals and services have been declined. ◦ Communicate with providers, and relevant individuals providing care/support the minimum information necessary to: ▪ Promote continued protection and safety of the client; ▪ Provide for continuity of services; or ▪ Ensure implementation of services. **NOTE** In accordance with O.C.G.A § 30-5-7, details of the investigation shall not be shared. • Refer for services, if appropriate (Appendix G: Assessments and Investigation Forms)	• Obtain medical/mental health records or gather information from medical/mental health professionals who have information on the client • Review client's financial records/information • Photograph/video client and clients circumstances/environment if relevant to the allegations unless photographs/videos may impede the investigation **NOTE** If recommended actions are not taken/completed, APS staff must document reasons why additional steps were not taken in the case record.

Type of ANE	Required Response	Recommended Response
Neglect by Caretaker	• Face to face contact/interview with client alone • Interview alleged perpetrator if contact will not put client at further risk/endangerment • Home visit or visit to current living arrangement, if applicable • Research prior APS history, if available • Collateral contacts (i.e. reporter, all formal service providers and relevant others) who have information on risk/harm • Verification of health insurance/public benefits, as appropriate • All required assessments (need list) – you can include safety assessment here • Upon completion of investigation, the APS case manager shall: ◦ Discuss with the client next steps. ▪ Update client on any referrals or services that have been arranged ▪ Provide client with contact information for Central Intake and ADRC when referrals and services have been declined. ◦ Communicate with providers, and relevant individuals providing care/support the minimum information necessary to: ▪ Promote continued protection and safety of the client; ▪ Provide for continuity of services; or ▪ Ensure implementation of services. **NOTE** In accordance with O.C.G.A § 30-5-7, details of the investigation shall not be shared. • Refer for services, if appropriate (Appendix G: Assessment and Investigation Forms)	• Obtain medical/mental health records or gather information from medical/mental health professionals who have information on the client • Review client's financial records/information • Photograph/video client and client's circumstances/environment if relevant to the allegations unless photographs/videos may impede the investigation . (i.e., do not photograph in circumstance where client/caregiver is agitated and/or if directly told by client (with capacity) or caretaker to stop or leave premises) **NOTE** If recommended actions are not taken/completed, APS staff must document reasons why additional steps were not taken in the case record.

Type of ANE	Required Response	Recommended Response
Physical Abuse	• Face to face contact/interview with client alone • Interview alleged perpetrator if contact will not put client at further risk/endangerment • Home visit or visit to current living arrangement, if applicable • Photograph alleged victim if visible injuries and relevant to the allegation unless taking photos impedes investigation and/or client (with capacity) refuses • Research prior APS history, if available • Collateral contacts (i.e. reporter, all formal service providers and relevant others) who have information on risk/harm • Verification of health insurance/public benefits, as appropriate • All required assessments (need list) – you can include safety assessment here • Upon completion of investigation, the APS case manager shall: ◦ Discuss with the client next steps. ▪ Update client on any referrals or services that have been arranged ▪ Provide client with contact information for Central Intake and ADRC when referrals and services have been declined. ◦ Communicate with providers, and relevant individuals providing care/support the minimum information necessary to: ▪ Promote continued protection and safety of the client; ▪ Provide for continuity of services; or ▪ Ensure implementation of services. **NOTE** In accordance with O.C.G.A § 30-5-7, details of the investigation shall not be shared. • Refer for services, if appropriate (Appendix G: Assessment and Investigation Forms)	• Obtain medical/mental health records or gather information from medical/mental health professionals who have information on the client • Complete body diagram or obtain medical documentation/evaluation if there are visible injuries **NOTE** If recommended actions are not taken/completed, APS staff must document reasons why additional steps were not taken in the case record.

Type of ANE	Required Response	Recommended Response
Sexual Abuse	• Notify law enforcement by phone if sexual assault occurred within 72 hours of receipt of referral and request a joint interview • Face to face contact/interview with client alone • Interview alleged perpetrator if contact will not put client at further risk/endangerment • Home visit or visit to current living arrangement, if applicable • Research prior APS history, if available • Collateral contacts (i.e. reporter, all formal service providers and relevant others) who have information on risk/harm • Verification of health insurance/public benefits, as appropriate • All required assessments (need list) – you can include safety assessment here • Upon completion of investigation, the APS case manager shall: ◦ Discuss with the client next steps. ▪ Update client on any referrals or services that have been arranged ▪ Provide client with contact information for Central Intake and ADRC when referrals and services have been declined. ◦ Communicate with providers, and relevant individuals providing care/support the minimum information necessary to: ▪ Promote continued protection and safety of the client; ▪ Provide for continuity of services; or ▪ Ensure implementation of services. **NOTE** In accordance with O.C.G.A § 30-5-7, details of the investigation shall not be shared. • Refer for services, if appropriate (Appendix G: Assessment and Investigation Forms)	• Obtain medical/mental health records or gather information from medical/mental health professionals who have information on the client • Obtain sexual assault medical evaluation if within 72 hours of assault **NOTE** If recommended actions are not taken/completed, APS staff must document reasons why additional steps were not taken in the case record.

Type of ANE	Required Response	Recommended Response
Financial Exploitation	• Face to face contact/interview with client alone • Interview alleged perpetrator if contact will not put client at further risk/endangerment • Home visit or visit to current living arrangement, if applicable • Obtain copies of financial information and identify location of any institutions where client's assets may be located • Determine if client has either an "attorney-in-fact" (i.e., POA, conservator or other person with in a fiduciary capacity such as a trustee for clients' funds • Determine if issue of exploitation has affected clients' ability to provide for his/her personal needs (e.g., mortgage/rent, home utilities, medication, food, etc.) Note: Utilize APS Financial Worksheet to determine client's financial status • Research prior APS history, if available • Collateral contacts (i.e. reporter, all formal service providers and relevant others) who have information on risk/harm • Verification of health insurance/public benefits, as appropriate • All required assessments (need list – you can include safety assessment here • Upon completion of investigation, the APS case manager shall: ◦ Discuss with the client next steps. ▪ Update client on any referrals or services that have been arranged ▪ Provide client with contact information for Central Intake and ADRC when referrals and services have been declined. ◦ Communicate with providers, and relevant individuals providing care/support the minimum information necessary to: ▪ Promote continued protection and safety of the client; ▪ Provide for continuity of services; or ▪ Ensure implementation of services. **NOTE** In accordance with O.C.G.A § 30-5-7, details of the investigation shall not be shared. • Refer for services, if appropriate (Appendix G: Assessment and Investigation Forms)	• Obtain medical/mental health records or gather information from medical/mental health professionals who have information on the client with regard to his/her capacity to make financial decisions **NOTE** If recommended actions are not taken/completed, APS staff must document reasons why additional steps were not taken in the case record.

Assessment Matrix

Type of Assessment	Description and Use	Required Use	Recommended Use
APS Risk - Abuse / Neglect / Exploitation Assessment	An assessment tool that is utilized throughout the course of the investigations. It assesses for the presence of abuse, neglect and exploitation and also looks at all six areas of risk (education, housing, medical, social and transportation). It is important to complete all required sections of this assessment in order to get full picture of client's areas of risk at the time of the investigation. **The *Self Sufficiency* and *Personal Care* sections of this assessment are not required.**	**All investigations**	**N/A**
Determination of Need – Revised **DON-R**	The DON-R evaluates those factors that are the best predictors for need of care. It helps to determine a person's functional capacity and their unmet need for assistance in dealing with these impairments.	**All Investigations**	**N/A**
Saint Louis University Mental Status Exam (SLUMS)	This instrument is used to screen individuals to look for the presence of cognitive deficits. The SLUMS identifies people with more mild cognitive problems that don't yet rise to the level of dementia. The exam also serves as a tool to indicate whether a doctor should consider further testing to diagnose dementia. It looks at areas of orientation, short-term memory, calculation, naming of animals, clock drawing, and recognition of geometric figures.	**All investigations**	**N/A**

Type of Assessment	Description and Use	Required Use	Recommended Use
Completion and Evaluation of Case Notes	Factual and objective information that the APS staff has seen, heard, touched and/or smelled. This information shall be relative to issues of maltreatment, areas of risk and the acquisition of protective/supportive services. All documents collected by staff and/or completed by staff shall be described in a case note as evidence needed in reaching a case determination and as proof of effort.	**In All Cases**	**N/A**
Financial Income Worksheet	The purpose of the APS Financial Income Worksheet is to capture financial information on APS clients (investigation and on-going) that will assist staff to: • Determine all income, resources and expenses of the client and his/her household; • Identify possible eligibility for Medicaid or other benefit programs • Uncover possible areas of suspected financial exploitation • Determine if the client is in need of money management services (including rep payee or conservator) • Determine of suspected areas of exploitation, neglect and self-neglect are in actuality the result of poverty/lack of resources.	**All Financial Exploitation cases**	**Self-Neglect** cases were money management is an issue. **Neglect** cases were medication, food, clothing, utilities services, and/or personal care services are not being provided.

Type of Assessment	Description and Use	Required Use	Recommended Use
UAB Financial Capacity Tool	Directed testing tool conducted with individuals who are suspected to lack financial capacity to make reasonable and rational decisions concerning managing his or her money and property. Executive functioning which includes the handling of financial matters is often the first thing to be effected by dimension and other cognitive disorders. The use of a validated and highly sensitive tool such as the distinguish between those	**N/A**	Prior to seeking involuntary financial intervention: • **Representative Payee** • **Conservatorship**
Falls Risk Assessment Tool	Used to determine what level of risk the client has on falling and how the CM can help to prevent a fall. The test looks at: • History of falls • # and type of medications • Transfer and Gait • Balance • Sensory loss • Continence • Mental Status • Nutrition • Acute illness • Chronic medical conditions • Home environment	**N/A**	Individuals with a recent fall or a history of falls. The DON-R has indicated gait/mobility issues. The individual has been diagnosed with Multiple Sclerosis, Parkinson's or other disorders that can affect gait or mobility. Observation that the individual is not steady or stumbles.
ADRC Risk Assessment for Institutional Placement	Assist the Aging and Disability Resource Center (ADRC) in determining if a client is in need of *Options Counseling* or *Information and Referral (I&R) Services* by: • asking question that correlate to the top risk factors for nursing home placement; and • prioritizing those individuals most at- risk to receive *Options Counseling*.	**Required for all cases where a ADRC referral is being made** on behalf of the client. This is done whenever the client has an unmet need (inability to preform ADLs and/or IADLs) and there is no other responsible individual or resource available to assist the adult with meeting such needs.	**N/A**

Type of Assessment	Description and Use	Required Use	Recommended Use
PHQ-9	The PHQ-9 screens for depression. The tool looks at the 10 major indexes of depression and rates the frequency of the symptoms which factor into the scoring severity index. Severity is rated on a scale of 0 to 27. Individuals who score in the range of major depressive symptoms they should be strongly encouraged to seek medical advice for diagnostic purposes and possible treatment.	**N/A**	Individuals who self-identify or have been identified by others as depressed but absent of a true medical diagnosis. Individuals who exhibit symptoms of depression such as: • Self-Isolation • Trouble sleeping • Little energy • Changes in appetite • Trouble concentrating

These tools shall not be used for diagnostic purposes. When the tools indicated medical or mental health issues the client shall be referred to professional for further evaluation and diagnosis.

Disabled Adult Abuse Report

Medical Records Request

Out-of-State Request Reporting Form

Appendix H APS Structure

[1] Kroenke K, Spitzer R, Williams W The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616

[2] If symptoms present two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")

[3] If symptoms present one month or severe functional impairment, consider active treatment