State of California
Adult Protective Services Program

APS Guidelines to Supplement Regulations

Coordinated by County Welfare Directors Association
Version 2.4

Also available at www.cwda.org

Version Control

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Chapter 1

Executive Summaries

1.1: APS Consistency Workgroup - Executive Summary

1.2: APS and Long-Term Care Ombudsman MOU Executive Summary

1.3: California APS Standards for Consistency in Case Documentation 2015 - Executive Summary

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APS Consistency Workgroup—Executive Summary

Standards for Consistency in Determining Findings

In 2006, due to concerns voiced by the CWDA Protective Services Operations Committee (PSOC) about the inconsistency of data reported on the SOC 242, the Archstone Foundation funded a research project to investigate this issue. The research project identified many areas with inconsistencies, the greatest of which was the determination of findings (i.e. confirmed, inconclusive, or unfounded). In response to this information, PSOC formed a workgroup to address the issues and move counties towards greater consistency.

The workgroup developed a protocol which includes a reference tool, the "California APS Standards for Consistency in Determining Findings Matrix" (Exhibit B), as well as Guiding Principles for social workers (Exhibit C). After completion of the protocol, the workgroup collaborated with the APS Training Project/Academy for Professional Excellence to develop online trainings to deliver statewide. The trainings, *California Adult Protective Services Standards for Consistency in Determining Findings - Part 1: Introduction and Guiding Principles* and *Part 2: Findings Matrix,* are currently available and have been utilized in many counties. However, to achieve the desired result of consistency across the state, PSOC believes all APS staff should participate in these online trainings.

Framework for Determining Dependent Adult Status

As a follow-up to work done to improve consistency when determining findings in an APS investigation, the workgroup has developed a similar guide for use in the determination of a dependent adult for purposes of eligibility to APS services. The resulting framework consists of a narrative guide (Exhibit F) and a definition chart (Exhibit G), which is divided into *Neglect by Another* and *Self-Neglect*. These charts identify "Essential Defining Elements," as well as additional "Issues to Consider." The final component, "Determination of Response," acknowledges a wide disparity between counties, based in part on availability of resources; the framework will therefore allow for maximum local flexibility when determining response. The Consistency workgroup is again working with the APS Training Project/Academy for Professional Excellence to turn the framework into an online training to deliver statewide in late 2012.

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Memorandum of Understanding

Executive Summary

In April 2010, CWDA Protective Services Operations Committee (PSOC) representatives attended the California Elder Abuse Statewide Summit, convened by the California Elder Justice Workgroup (CEJW). Participants recognized a need to increase collaboration, address gaps in services, and enhance outcomes for elders and dependent adults. PSOC supported participation in a workgroup to address common jurisdictional issues pertaining to local Adult Protective Services (APS) and local Long-Term Care Ombudsman Programs (LTCOP). A statewide survey helped to identify and clarify these jurisdictional conflicts between APS and LTCOP.

Although the amount of regulatory revision needed to align jurisdiction is prohibitive, the laws and regulations guiding both APS and LTCOP allow for flexibility when responding to reports of abuse or neglect. This flexibility provides each county the ability to determine and agree to one way of interpreting regulations for use in their county. A draft Memorandum of Understanding (MOU) has been developed to provide clarification to APS and the LTCOP related to each agency's respective role, address jurisdictional issues, and formalize agreed-upon terms at the local level.

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California APS Standards for Consistency in Case Documentation 2015

Executive Summary

In April 2013, CWDA Protective Services Operations Committee (PSOC) representatives decided, based on a statewide survey of its members, that the next topic for the APS Consistency Committee be focused on creating consistency guidelines for APS documentation. The APS Consistency Committee compiled from PSOC a list of areas in APS practice requiring documentation and in which documentation was believed to be lacking consistency statewide. Examples of these included the documentation of investigations, mental capacity issues, and service plans.

The APS Consistency Committee reviewed material from the APS Case Documentation and Report Writing Spectrum course, created by Project Master from San Diego State University, and released for use by APS Regional Training Academies and counties. The Committee also reviewed the California Department of Social Services (CDSS) Manual of Policies and Procedures Division 33 (APS Manual), existing All County Letters issued by CDSS, and the pertinent sections from the California Welfare and Institutions Code on the Elder and Dependent Adult Civil Protection Act, Adult Protective Services and Social Services case records, and California Probate Code sections on mental capacity.

The Committee completed this project in May 2015, and it led to a revision of the APS Core Case Documentation and Report Writing training used by the APS Regional Training Academies. The final product, posted on the website of the California Welfare Directors' Association (CWDA), includes "Guiding Principles for APS Case Documentation" and the "California APS Standards for Consistency in Case Documentation 2015" matrix showing the categories of elder and dependent adult abuse, their defining elements, standards for response time, what to document and how to document for each category.

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Chapter 2

Guidelines for Consistency Standards

2.1: Introduction to California APS Standards for Consistency in Determining Findings
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Introduction to California Adult Protective Services Standards for Consistency in Determining Findings 2011

In 2006, because of concerns voiced by the CWDA Protective Services Operations Committee (PSOC) about the inconsistency of data reported on the SOC 242, the Archstone Foundation funded a research project to investigate this issue. Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) was the primary investigator.

The research verified many areas of inconsistencies, the greatest of which was the determination of findings. Findings varied from:

- confirmed investigations ranging from 0% to 68.1%
- inconclusive investigations ranging from 8.1% to 100.0%
- unfounded investigations ranging from 0% to 79.33%.

These ranges far exceeded normal variations, and were a reflection of inconsistent definitions and practices across counties.

In response to this information, PSOC formed a committee to address the issues of inconsistency in APS practice. The group was made up of APS managers from throughout the state, and they made improving the consistency in determining findings their first priority.

Because of the complexity and uniqueness of elder and dependent adult abuse and neglect, and because ascertaining findings is a subjective process, it was not possible to develop a fixed formula for determining findings. Instead, the committee concentrated on developing a consistent approach to understanding and evaluating the information gathered, and focusing the investigation on the relevant information. The protocol created uses a reasoned, thoughtful approach to formulating findings. It clearly delineates the essential defining elements of each type of abuse/neglect—which gives workers direction and focus for gathering information, and provides them with a structure for evaluating the relative strength and integrity of that information. The resulting findings are based on both the facts gathered and the social worker's expertise.

There are two components to the protocol, which complement each other and are designed to be used in concert. They are:

- Guiding Principles which focus workers on the relevant information
- A Matrix which outlines standards to improve the consistency of how cases are approached and understood

Guiding Principles

- Define the basis for findings
- Identify extraneous information which may be important in formulating the plan of action but are not relevant to the determination of findings
- Focus workers on what is important
- Recommend good casework practices
- Outline types of evidence
- Define standards for findings

While careful consideration has been given to the development of these standards for findings, they must be understood as a general rule, not an absolute dictate. Unusual and unique situations sometimes arise, and workers must have flexibility to adjust their findings to reflect those situations. However, the decision to overrule the standards should be made in conjunction with the worker and his/her supervisor.

Matrix

- Creates operational definitions that are in common, everyday language
- Identifies the key elements of those definitions which provide the focus of the investigative process
- Suggests areas to be explored and raises questions which should act as a prompt for information gathering
- Provides examples of evidence which would be indicatorsof abuse

Together, these tools will provide structure to the decision-making process and provide workers with standards which will improve the consistency of APS practice throughout the state.

Online Training Evaluation and Research

Participants engage in various evaluation activities before, during and after the online training, including a 3- and 6-month follow-up survey. These activities and the data collected will be evaluated to measure if this training has a direct impact on APS practice in CA.

Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) has agreed to evaluate the data in an effort to come “full circle” with the process—that is, from research to subject matter experts to policy to training and back to research. This research is also part of a larger national movement to develop best-practice standards in APS; California is currently a leader in this movement.

Participation in training evaluation activities is voluntary and confidential. Full participation in these activities is encouraged and appreciated.

For information on online course registration or evaluation, please contact Krista Brown: krbrown@projects.sdsu.edu

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California APS* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services. Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (W&IC) 15610.63 (a)(b)(c)(d)(f)	**Physical abuse** is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.	1. Non-accidental use of physical force or physical deprivation or use of medications for control **and** 2. Bodily injury, physical pain or impairment occurred **or** 3. Bodily injury, physical pain or impairment could have occurred.	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been: ○ Hit, beaten, pushed, shaken, slapped, or kicked ○ Struck with or without an object ○ Given unwarranted drugs ○ Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness ○ Force-fed ○ Deprived of food or water for a prolonged period or continually • Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. assault, battery? Client Considerations • Is the injury the result of a normal part of aging or disease process?	**Examples include, but are not limited to:** • Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone) • Burns from such things as: cigarettes, appliances, or hot water • Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint • Signs of traumatic hair and tooth loss • Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental: ○ head, i.e., face, ears, and neck ○ arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) ○ genitalia ○ soles of the feet ○ posterior torso (including ○ chest, upper and lower back, and buttocks ○ Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) ○ Bilateral bruising of the inner thighs (indicating sexual abuse)

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
(continued) **Physical Abuse** W&IC 15610.63 (a)(b)(c)(d)(f)			• Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix? • Is the client cognitively impaired? • Does the client use an assistive device for mobility? • Does the client require assistance with ADLs? • If the client is bruised, does he/she remember how he/she got the bruises? • Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another? • Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation? Suspected Abuser Considerations • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? • Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints?	1. Larger bruises—accidental bruises tend to be smaller than deliberate ones 2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries • Injuries in various stages of healing including multicolored bruises (indicating they occurred over time). • Medical assessment and lab work including medical opinion on the results • Signs of malnutrition or dehydration without illness-related cause • Police arresting the accused for battery or assault

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
Sexual Abuse W&IC 15610.63 (e)	**Sexual abuse** is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: • Unwanted touching • All types of sexual assault or battery such as rape, sodomy, and coerced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else.	1. Evidence a sexual incident(s) or situation(s) occurred **and** 2. The incident or situation is unwanted or non-consensual in nature.	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been: ○ Touched in an unwanted fashion ○ Raped, sodomized, or forced to take off his/her clothes ○ Photographed in a sexually explicit way ○ Forced to look at pornography ○ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else. • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are this client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)? Client Considerations • Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act? • Does the client have family or friends to provide emotional support or to advocate on his/her behalf? • Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?	**Examples include, but are not limited to:** • Genital or anal pain, irritation or bleeding • Bruising on external genitalia or inner thighs • Difficulty walking or sitting • Torn, stained or bloody underclothing • Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed. • Client forced to watch pornography on the television and/or computer • Client is newly diagnosed with a sexually transmitted disease • Medical assessment and lab work, including a medical opinion support the report of sexual assault • The dependent adult is pregnant • Sudden, marked change in personality or demeanor

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
(continued) **Sexual Abuse** W&IC 15610.63 (e)			Suspected Abuser Considerations • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse

Financial Abuse
W&IC 15610.30
	Financial abuse is the illegal or improper use of a client's funds, property or assets.
	
	*NOTE:
	
	"Undue influence" means excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity.
	
	Refer to W&IC 15610.70
		1. Funds, property or assets belonging to the client
		2. Have been taken, secreted, appropriated, and/or retained, possibly through the use of undue influence*
		and
		3. For a wrongful use (likely to be harmful to the client)
		or
		4. With intent to defraud.
			Examples include, but are not limited to:
			
			<u>General Considerations</u>
			
			• What are the indications, if any, that the client is being or has been financially exploited by someone, e.g.
			  ○ Cashing a client's check or using/misusing a client's debit card without authorization or permission
			  ○ Forging the client's signature
			  ○ Misusing or stealing the client's money or possessions
			  ○ Taking the client's funds or property by using undue influence
			  ○ Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will
			  ○ Improperly executing the duties of conservatorship, guardianship, or powers of attorney
			• Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors
			• Who is making the financial decisions and are the decisions being made in the client's best interest?
			• Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?
			• Is the suspected abuser targeting vulnerabilities (e.g. takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)?
				Examples include, but are not limited to:
				
				• Unpaid bills, eviction notices or notices to discontinue utilities
				• Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client
				• Bank statements and canceled checks no longer delivered to the client's home
				• New "best friends" who take an interest in the client's finances
				• Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation
				• Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals
				• Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)
				• A suspected abuser's excessive interest in the amount of money spent on the client
				• Missing belongings or property
				• Suspicious signatures on checks or other documents

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) **Financial Abuse** W&IC 15610.30			• Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud? • Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative? 3. Are there any indicators of undue influence, such as: ○ Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness & vulnerability? ○ Is the suspected abuser attempting to make the client emotionally dependent? ○ Is the suspected abuser trying to isolate the client? ○ Is the suspected abuser attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances? ○ Is the suspected abuser creating an "us against them" mentality? ○ Is the suspected abuser exploiting his/her emotional relationship with client? • Is the client susceptible to threats of abandonment? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? <u>Client Considerations</u> • Does the client have mobility problems and physical ailments that make him/her more dependent on others? • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?	• Absence of documentation about financial arrangements • Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client's finances • Client's ignorance or lack of understanding regarding financial arrangements made on his/her behalf • The client is not receiving care nor is his/her living arrangements commensurate with his/her assets. • The scope/quality of care the client has been receiving is reduced • The suspected abuser cues or prompts the client or interrupts the client in interviews • There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories. • Changes in the ownership of property and other assets. • Client has received a foreclosure notice. • Client's service providers were changed after the suspected abuser became involved in the client's life.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) **Financial Abuse** W&IC 15610.30			4. Are the client's needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client's resources while the client does not have the necessary care, supplies or affordable amenities? 5. Have there been any changes in the client's contact with his/her social network? 6. Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? 7. What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client? 8. Is the client depressed, anxious, or fearful? Suspected Abuser Considerations • Does the suspected abuser resist or try to interfere with the client being interviewed alone? • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • What was the suspected abuser's financial history before becoming actively involved with the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	• Access to the client is limited by the suspected abuser. • The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
Neglect W&IC 15610.57 (a)(b)	**Neglect** is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.	1. Negligent failure to take action, whether intentional or unintentional. 2. Could be: • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) 3. Level of care or service is what a reasonable person would provide. * **"**Care custodian**"** means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been neglected because: ○ A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care ○ An in-home service provider has failed to provide the client with necessary care. ○ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client. ○ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering**.** • Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)? • Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)? • What is the level of stress in the in the household due to financial, family, marital, or health problems? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime?	**Examples include, but are not limited to:** • Client has bad hygiene and smells of foul odor. • Client has long, dirty, and unkempt finger and toe nails. • The suspected abuser is creating a risk to the client's health by ○ not providing the prescribed medication properly (e.g. diabetes or high blood pressure) ○ not providing transportation to medical/mental health visits ○ not complying with the client's medical appointments • Client's home is in dilapidated condition. • Client is living in hoarding conditions. • Client has been living with no running water, heat, or electricity. • Client is found soiled and the house smells of feces. • The suspected abuser refuses to dress the client or dresses the client inappropriately. • The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) **Neglect** W&IC 15610.57 (a)(b)			<u>Client Considerations</u> • Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client's capacity? • Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect. • Does the client have a mental illness or drug or alcohol problems that make providing care difficult? • Does the client have an abusive or dominating personality? • Does the client resist help? <u>Suspected Abuser Considerations</u> • Is the neglect intentional or unintentional? • Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication? • Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)? • Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client? • Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care? • Does the suspected abuser have Durable Power of Attorney over client? • Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would?	• Deprivation by care custodian: WI&C 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following: (a) The provision of medical care for physical and mental health needs. (b) Assistance in personal hygiene. (c) Adequate clothing. (d) Adequately heated and ventilated shelter. (e) Protection from health and safety hazards. (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment. (g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) **Neglect** W&IC 15610.57 (a)(b)			• What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a criminal record? • If a licensed agency is responsible, is a cross report warranted?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
Self Neglect W&IC 15610.57 (a)(2), (b)(5)	**Self-Neglect** is an adult's refusal or failure to perform essential self-care tasks.	1. Client is refusing or failing to exercise self care. **and** 2. The level of self care is not reasonable.	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client's self care is or has been inadequate, for example: ○ Not obtaining essential food, clothing, shelter, and medical care or ○ Not maintaining physical health, mental health, financial health, or general safety? • Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect. • Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency. • Is this client known to APS because of prior reports? Client Considerations • Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect. • Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health? • Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services? • Does the client exhibit hoarding behavior, including animal hoarding?	**Examples include, but are not limited to:** • Client is unable/fails/refuses to take in adequate amounts of food and fluids. • Client has a noticeable weight loss or is showing signs of malnutrition. • Client's physical appearance shows sunken eyes. • Client is eating food that is potentially unsafe or harmful to his/her health condition. • Client is unable/fails/refuses to dress him/herself appropriately. • Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor. • Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity). • Client is unable/fails/refuses medical care and/or mental health services. • Client is unable/fails/refuses to take his/her medication.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
(continued) **Self Neglect** W&IC 15610.57 (a)(2), (b)(5)			• Is the self-neglect a result of lack of awareness or inability? • Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health? • What resources were available to the client and how reasonable is it that the client could have accessed them? • If resources were available combined with functional ability and balancing safety – could safety be maintained? • Is the client able to manage his/her finances?	• Bills are unpaid or payments are late. • Utilities are shut off or at risk of being shut off. • Client is unable/fails/refuses to protect his/her money from scams or others.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
Psychological Abuse (Mental Suffering) W&IC 15610.53	**Psychological abuse** is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.	1. Emotional distress exhibited by client **and** 2. The emotional distress is a result of someone else's behavior/ actions.	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been ○ Verbally assaulted, insulted, and threatened ○ Intimidated, humiliated (e.g., treated as an infant), and harassed. ○ Given the "silent treatment" or had affection withdrawn ○ Told misleading comments made with malicious intent to inflict emotional harm. • Are there power and control issues in the relationship between the suspected abuser and the client? • Are the client and suspected abuser known to APS because of prior reports? Client Considerations • Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others? • Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity? • Is the response of others to the client's cognitive impairment causing the client additional emotional distress? Suspected Abuser Considerations • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	**Examples include, but are not limited to:** • Suspected abuser observed or heard yelling at, belittling, and/or threatening the client. • Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc. • Client looks depressed. • Client is confused or disoriented. • Client is showing signs of confinement. • Suspected abuser lying to the client deliberately to upset him/her. • Client being intimidated/ harassed by others

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
Abandonment W&IC 15610.05	**Abandonment** is intentionally leaving or forsaking a client	1. Desertion is deliberate 2. Could be: • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) 3. Reasonable person would continue to provide care and custody. *"'**Care custodian'** means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client has been abandoned? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? • Is the abandonment part of a threat? • Is there a risk to the client's safety because of where he/she was left? Client Considerations • Is the client cognitively impaired? • Did the client consent to be left? • Is it in the client's best interests to be left where he/she is? Suspected abuser Considerations • Was the client abandoned for the personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent financially or otherwise on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	**Examples include, but are not limited to:** • Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return • Caregiver for a client who cannot manage without assistance goes away without making plans for coverage • Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care • Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
Isolation W&IC 15610.43	**Isolation** is the purposeful prevention of communication between a client and others without the client's consent or knowledge when the action is not in the client's best interest.	1. The action of the suspected abuser is purposeful 2. Client does not or cannot consent **and** 3. Not in the client's best interest	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been isolated—such as restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: ○ attempting to make the client emotionally dependent ○ attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances ○ creating an "us against them" mentality ○ fostering powerlessness & vulnerability in the client ○ exploiting his/her emotional relationship with client? • Is the suspected abuser trying to control the client's through deceit, coercion, force, or threats? • Are the client and suspected abuser known to APS because of prior reports? Client Considerations • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? • Does the client have mobility problems and physical ailments that make him/her more dependent on others?	**Examples include, but are not limited to:** • Client's support system, both formal and informal, has increasingly restricted access to the client, e.g.: ○ visitors are turned away ○ phone calls blocked ○ phone number changed ○ mail not given to the client • The client's ability to contact others is made difficult by ○ denying the client access to a phone ○ disconnecting the client's phone • There is a change in the client's doctors, attorneys, etc. • Caregivers not hired by the suspected abuser are fired. • Client's mailing address is changed to a PO Box or the suspected abuser's address. • Client is told that friends and/or family are mad at him/her (as reason they are not visiting). • Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
(continued) **Isolation** W&IC 15610.43			Suspected Abuser Considerations • Is the suspected abuser isolating the client for personal gain? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance abuse or mental health problem? • Does the suspected abuser have a criminal record?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
Abduction W&IC 15610.06	**Abduction** is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.	1. The client was taken from California and is not being allowed to return. **or** 2. The client is a California resident who is out of state and wants to return but is not being allowed to. **and** 3. The client did not leave of his/her own volition or the conservator hasn't consented. **or** 4. The client does not have the capacity to consent	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been abducted? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. kidnapping? Client Considerations • Does the client have the capacity to consent to the move or is the client conserved? • Did the client consent or did the conservator give permission for the move? • Is it in the client's best interests to move? Suspected abuser Considerations • Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	**Examples include, but are not limited to:** • The client was taken from California and is not being allowed to return. • A California resident is out of state, wants to return but is not being allowed to. • The client adult did not leave of his/her own volition. • The client was not removed from the state as protective measure or because it was in his/her best interest.

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Guiding Principles

Findings Are:

- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client's perspective in determining self-neglect

Findings Are Not:

- Tied to services, i.e., you need not have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county's or agency's political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement's response to the finding

Guidance on Findings:

- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers' synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

Guidance on Information Gathering:

- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.

- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

Types of Evidence:

- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

Finding Standards:

- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
    - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
    - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
    - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
    - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
    - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule: Because of the complexity and uniqueness of abuse and neglect investigations, exceptions can and do happen. When that occurs, the worker should consult with his/her supervisor.

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Introduction to the Framework for Determining Dependent Adult Status

Determining who is a dependent adult for APS purposes is challenging because while the regulations provide great flexibility, they offer little guidance, and the process is further complicated by the multiple issues involved. Consequently, county staff can spend inordinate amounts of time wrestling with the decision, and both clients and advocates can be confused about who is eligible for APS services. The CWDA Protective Services Operations Committee (PSOC) asked their Consistency Workgroup to address this concern by developing a standard approach to the determination of a dependent adult for purposes of eligibility for APS services.

In 2012, the Consistency Workgroup spent a year drafting a framework to reliably and uniformly determine if a person is a dependent adult, by clarifying the information needed and providing a consistent approach to understanding and evaluating the information gathered. The resulting procedure created a standard of practice for the field. In 2022, with the APS Expansion because of CA Assembly Bill 135 of the Statutes of 2021, the definition of both dependent adult and self-neglect evolved. For this reason, this Framework for Determining Dependent Adult Status required revision to reflect these substantial changes. These changes included reducing the upper limit of the age range for dependent adult from 64 to 59 years, and the definition of self-neglect added homelessness to its criteria.

There are two major components to the framework:

- Establishing dependent adult status
- Ascertaining eligibility to APS services

For establishing dependent adult status, this procedure sets forth a consistent practice for identifying, gathering and evaluating relevant information, and assessing the interaction of the disability, functional impairments, and protection issues. This procedure will continue to standardize the process of determining if an individual is a dependent adult.

The framework is presented in two different formats: a narrative guide and a matrix. Both provide guidance on the information to be collected, and how to evaluate dependent adult status. In addition, the matrix includes an operational definition of “dependent adult,” distills the essential defining elements of the definition, provides examples of information which would support a dependent adult status determination, and suggests issues that might influence the decision-making process. Because determining dependent adult status is more challenging when the protection issue is self-neglect, the committee identified additional issues to be considered when evaluating dependent adult status and eligibility for APS services for this population. Also, even though inpatients in acute care hospitals are automatically deemed to be dependent adults and eligible to APS services, they are included in the matrix because it is a comprehensive document which addresses the entire range of dependent adult referrals.

These tools will provide structure to the decision-making process and provide workers with a standard procedure that will improve the consistency of APS practice throughout the state.

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Determining Dependent Adult Status Guide

This Guide is divided into two parts. PART 1 helps the APS Worker assess the individual's dependent adult status by gathering information on age, disability, level of functioning, protection issue, and the relationship of the disability and the protection issue. PART 2, helps the worker understand how to use the Dependent Adult Definition Matrix, which is divided into abuse by other and self-neglect.

PART 1 – Assessment of the Individual's Dependent Adult Status

1A. Gather Information (*Intake Interview)*

The intake interview is the primary source for information needed to evaluate the dependent adult status of the proposed client, the alleged protection issues, and the relationship between the two. The information to be gathered includes:

1A.1 *Age*
1A.2 *Disability*
1A.3 *Level of Functioning (e.g. What services is the person receiving/been offered? By whom?)*
1A.4 *Protection Issue (abuse/neglect/self-neglect or exploitation that is alleged)*
1A.5 *Relationship between the disability and the protection issues*

The following are guide questions to assist in collecting the needed information:

1A.1.1 Age

a) Is the person between the ages of 18 & 59?

1A.1.2 Disability

a) What health/medical issues does the person have?

b) What mental/cognitive impairments, regardless of eligibility or receipt of benefits related to disability? Such as:

- **i)** Memory difficulties, confusion, dementia, or poor judgment
- **ii)** Developmental disability
- **iii)** Traumatic brain injury
- **iv)** Substance abuse
- **v)** Mental health symptoms

c) Does this person receive SSI or some other disability payment? If not, what is their source of income?

d) Does the person require assistance with any of their Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)? Can the person pay his/her own bills?

e) Is the person receiving services from another agency or program, e.g. IHSS?

f) Is the person a Regional Center consumer?

g) Is the person employed? If so, what are the specifics of the employment?

h) Is this person conserved or do they have a representative payee?

1A.1.3 *Level of Functioning*

a) What functional impairments does the person have? For example:

- **i)** Problems standing, bending, reaching, lifting, etc.
- **ii)** Mobility problems—e.g., walks with an assistive device, needs help with physical transfers, help getting in and out of vehicles or the bath tub, etc.
- **iii)** Forgetful and/or confused—e.g., not able to remember to take medications, pay bills, eat, go to the doctor, etc.
- **iv)** Not able to supervise caregiver
- **v)** Progressive cognitive decline
- **vi)** Emotionally immobilized

b) Is assistance required with ADLs and/or IADLs, especially such tasks as feeding and bathing?

c) Is the person dependent upon a caregiver?

d) Does the person have diminished capacity or lack the understanding to make, communicate, or implement sound decisions?

e) What are the functional strengths? For example – do they drive, work, or shop?

f) Can the person advocate for themselves and/or protect their own self-interest?

g) If the possible victim is the reporter, are they able to clearly and specifically describe the abuse? If not, is the possible reluctance to discuss the situation because of shame, fear of retaliation, or fear of abandonment?

1A.1.4 Protection Issues

a) What made you call today?

b) What abuse/neglect/self-neglect/exploitation is being alleged (the protective issue)?

c) In what way is the person at risk?

d) Is the person experiencing (or at risk of experiencing) harm, injury or a decline in health, physical or mental functioning, general well-being, safety, or finances because of the actions (or inactions) of themselves or another?

e) Are there health and safety issues because of hoarding and cluttering?

f) Does the person need to be placed in an involuntary hold to protect their own safety or for the welfare of others?

g) Is the abuse likely to continue with or without APS intervention?

1A.1.5 Relationship between the disability and the protection issues

a) Does the disability impact the person's ability to:

- **i)** Protect themselves on a day-to-day basis?
- **ii)** Care for themselves on a day-to-day basis?
- **iii)** Self-advocate and manage their daily life?

b) Is there a connection between the disability or the person's functional limitations and the alleged abuse/ protective issue?

c) What is the impact on the client?

1B. Evaluate dependent adult status

Dependent adult status is a combination of a disability and the inability to protect one's own interests. This link between the disability, the resulting functional impairment, and the protection issue is what APS must ascertain in order to determine eligibility to APS services. APS must determine if the individual's vulnerability is being exploited.

1B.1 Examples of dependent adults include, but are not limited to, the following:

Example A Adults who have severe sensory disabilities (such as hearing loss) or vision problems, and need assistance with their normal activities of daily living, such as preparing food, grocery shopping, bill paying, etc.

Example B Adults who have mental illness and whose illness severely interferes with their ability to care for themselves to the extent that they are a serious danger to themselves or to others.

1B.2 Adults with early onset dementia or Alzheimer's disease who cannot function independently without the threat of danger to themselves or others, or adults who need assistance in making ordinary decisions regarding their housing, finances, clothing, and food needs.

1B.3 Adults with limited or impaired cognitive functioning who cannot function independently without the threat of danger to themselves or others, or adults who need assistance in making ordinary decisions regarding their housing, finances, clothing, and food needs.

PART 2 – Using the Dependent Adult Definition Matrix

The Dependent Adult definition Matrix creates operational definitions that are in common everyday language. It then identifies the essential defining elements of a dependent adult, provides information to confirm the essential elements and finally eligibility issues. It is often helpful to refer to the last column ahead of the Information to Confirm the Essential Elements, because it provides questions to help identify the information that you need.

2A. The Matrix is divided into two sections to determine Dependent Adult status: Section **1)** Abuse, Neglect & Exploitation by Another, and Section **2)** Self-Neglect. There are four columns to each section of the Matrix:

- **2A.1** **Operational Definition –** This Column provide the actual definition per the CA Welfare and Institutions Code, and an explanation of it.
- **2A.2** **Essential Defining Elements –** This column highlights the key elements of the operation definition.
- **2A.3** **Information to Confirm the Essential Elements –** This column expands on the key elements of the operational definition, and what evidence on must obtain to confirm each element.
- **2A.4** **Eligibility Issues to Consider –** This column provides questions to help identify relevant information to gather to confirm the essential defining elements.

2B. **Self-Neglect Considerations –** Section two contains references on self-neglect as a result of the APS Expansion that added homelessness to the definition of self-neglect, and updated the CA WIC **15610.57(a)**.

Dependent Adult Definition Matrix—Abuse, Neglect & Exploitation by Another

Operational Definition	Essential Defining Elements	Information to Confirm the Essential Elements	Eligibility Issues to Consider

PURPOSE: Dependent adult status is a combination of a disability and the inability to protect one's own interests. **This link between the disability, the resulting functional impairment, and the protection issue** is what APS must ascertain to determine eligibility for services. APS must determine if the individual's vulnerability is being exploited.
 	
DEFINITION: CA WIC **15750(b)(1)** "Dependent adult" means any person residing in this state between 18 and 59 years of age, inclusive, who resides in this state, and who has a combination of a disability and the inability to protect their own interest, or who has an inability to carry out normal activities to protect their rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.
 	
(B) …includes any person between 18 and 59 years of age, inclusive, who is admitted as an inpatient to a 24-hour facility…
	(*The numbers in this column correspond to the numbers in the "Information to Confirm the Essential Elements" column.)*
	
	Inclusive 1 thru 5:
	
	1. Age 18-59 yrs. old
	2. Physical, developmental, or mental disability
	3. That results in impaired functioning
	4. A protection issue
	5. That is linked to the Abuse/Neglect/ Exploitation by another
	
	OR
	
	Inclusive 1, 5 and 6:
	
	1. Age 18-59 yrs. old
	5. Abuse/Neglect/ Exploitation by another
	6. Currently admitted in an acute care medical facility
		May include but is not limited to:
		1. **Age**: 18-59
		
		2. **Physical, Developmental or Mental Disability**
		• Receiving any type of disability benefit or substantially disabled, even if temporarily.
		• Health/medical issues sufficient to qualify for permanent/long-term disability payments
		• Life threatening medical issue
		• Mental/cognitive impairments – officially diagnosed or not (e.g., Regional Center client/ developmentally delayed; memory problems, confusion, dementia; mental health Issues; traumatic brain injury (TBI); alcohol and or substance abuse.
		• Has a representative payee.
		
		3a. **Physical Functional Impairments**
		• Restricted ability to carry out ADLs and IADLs, especially
		  ○ Tasks related to feeding and bathing
		  ○ Difficulty standing, bending, reaching, etc.
		  ○ Impaired mobility, i.e., walks with an assistive device, needs help with physical transfers, entering/exiting vehicles, bathtub, etc.
		• A person may be employed and still be a dependent adult.
		
		3b. **Cognitive Functional Impairments**
		• Reported diminished capacity or lack of ability to make, communicate, or implement sound decisions
		• Appears unable to advocate for self or unable to protect their own interests
		• Progressive cognitive decline
		• Emotionally immobilized
		
		4. **Protection Issue**
		• What is being alleged, and how is the person is being abused?
		• Is the person dependent upon others for care?
		• Is the person experiencing a decline in health, physical, or mental functioning, general well-being, safety, or finances because of the actions (or inactions) of another?
		• In what way is the person at risk or isolated?
		
		5. **Abuse by Another**: There are indicators of abuse, neglect or exploitation by another.
		
		6. **Admission in Hospital**
		• Person is admitted as an in-patient
		• The hospital is an acute care medical facility
			Evaluation of the Dependent Adult Status may include but is not limited to:
			
			General Considerations
			• How do the issues interact?
			• What is the level of vulnerability created by the incapacity?
			• If the person is employed, what are the specifics of the employment?
			• Is the victim the reporter? If so, are they able to clearly and specifically describe the abuse?
			
			Disability and Functional Considerations
			• Does the person have a disability resulting in a functional impairment?
			• Does the disability/functional impairment result in the inability to:
			  ○ protect one's own interests on a daily basis?
			  ○ care for oneself on a daily basis?
			  ○ self-advocate and manage one's daily life?
			
			Protection Considerations
			• Does the individual's condition predispose them to abuse, neglect or exploitation?
			• What prevents the person from protecting themselves?
			• Is there a connection between the person's functional limitations and the abuse, neglect, or exploitation they're experiencing?
			• Is the person's vulnerability being exploited?

Determining Dependent Adult Status for Self-Neglect

Operational Definition	Essential Defining Elements	Information to Confirm the Essential Elements	Eligibility Issues to Consider
PURPOSE: Dependent adult status is a combination of a disability and the inability to protect one's own interests. **This link between the disability, the resulting functional impairment, and the protection issue** is what APS must ascertain to determine eligibility to APS services. **DEFINITION**: CA WIC **15750(b)(1)** "Dependent adult" means any person residing in this state between 18 and 59 years of age, inclusive, who resides in this state, and who has a combination of a disability and the inability to protect their own interest, or who has an inability to carry out normal activities to protect their rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age. (B) …includes any person between 18 and 59 years of age, inclusive, who is admitted as an inpatient to a 24-hour facility…	*(The numbers in this column correspond to the numbers in the "Information to Confirm the Essential Elements" column.)* *Inclusive 1 thru 5:* 1. Age 18-59 yrs. old 2. Physical, developmental, or mental disability 3. That results in impaired functioning 4. A protection issue 5. That is linked to the self-neglect **Self-Neglect means [CA WIC 15610.57(a)]**: 1. Client is refusing or failing to exercise self-care or self-protection. **and** 2. The level of self-care or self-protection is not reasonable, including homelessness. **and** 3. It is because of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.	<u>**May**</u> include but is not limited to: 1. ***Age***: 18-59 2. **Physical, developmental or Mental Disability** • Receiving any type of disability benefit or substantially disabled, even if temporarily. • Life threatening medical issue. • Mental/cognitive impairments – officially diagnosed or not (e.g., Regional Center client/ Developmentally delayed; memory problems, confusion, dementia; mental health Issues; traumatic brain injury (TBI); alcohol and or substance abuse. 3a. **Physical Functional Impairments** • Restricted ability to carry out ADLs and IADLs, especially ○ Tasks related to feeding and bathing ○ Difficulty standing, bending, reaching, etc. ○ Impaired mobility, i.e., walks with an assistive device, needs help with physical transfers, entering/exiting vehicles, bathtub, etc. • A person may be employed and still be a dependent adult. 3b. **Cognitive Functional Impairments** • Reported diminished capacity or lack of ability to make, communicate, or implement sound decisions. • Progressive cognitive decline – Forgetful or confused, e.g., not able to remember to take medications, pay bills, eat, go to the doctor, secure shelter. • Lack of capacity or understanding to protect self; manage self-care, care needed; or property; appropriately manage their finances to meet their needs • Emotionally/cognitively Unable to understand risks/consequences of own behavior. 4. ***Protection Issue*** • Person's actions/inactions in caring for oneself or managing one's affairs are putting them at risk of harm or injury. • Health and safety issues because of hoarding and cluttering. • Requires custody, treatment, or care to protect own safety or for the welfare of others, i.e., a danger to self or others. • Does the person need care but is refusing it or not acknowledging the need for it? • Is the person experiencing a decline in health, physical, or mental functioning, general well-being, safety or finances because of their own actions/inactions? • Is the person homeless? ***5. Link to Self-Neglect*** • How is the person self-neglecting? • In what way is the person at risk or self-isolating? • Is the person homeless because of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?	***Evaluation of the Dependent Adult Status*** may include but is not limited to: ***General Considerations:*** • How do the issues interact? • What is the level of vulnerability created by the incapacity? • Does the person function normally when they take medication appropriately? • Do they suffer from chronic substance abuse or chronic mental health issues that impair their functioning*? ***Disability/Functionality Considerations*** • Does the person have a disability causing a functional impairment? • Does the disability/functional impairment result in the inability to: ○ protect one's own interests on a daily basis ○ care for oneself on a daily basis ○ self-advocate and manage one's daily life? ***Protection Considerations*** • Does the individual's condition predispose them to abuse/neglect? • What prevents the client from protecting themselves? • Is there a connection between the client's functional limitations and the abuse/neglect they are experiencing? • Is the reporter able to follow through with the directions given by the intake worker or are they afraid of retaliation or of upsetting the client, etc.? ****Impaired Functioning includes the failure of oneself to: [CA WIC 15610.57]:*** (b)(1) Maintain personal hygiene, or provide food, clothing, or shelter. (2) Provide medical care for physical and mental health needs. *(Outside of relying on treatment by spiritual means through prayer alone in lieu of medical treatment).* (3) Protect from health and safety hazards. (4) Prevent malnutrition or dehydration. (5) Substantially unable to manage own finances. (6) Satisfy any of the needs above, because of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health. ***Additionally [CA WIC 15610.57]:*** (c) Self-neglect includes being homeless if the elder or dependent adult is also unable to meet any of the needs specified above (1) to (5).

Guiding Principles for APS Case Documentation

Purpose of this Guide:

The Protective Services Operations Committee's (PSOC) Consistency Sub-committee developed this Guide to provide assistance with documenting APS Casework in a consistent manner across the State.

This Guide focuses on the purposes and considerations of good report writing and properly maintaining a case record. In addition to this Guide, the accompanying Matrix focuses on the defining elements and standards that constitute appropriate documentation of an APS Case Record.

Elements of good report writing:

1. Accurate, factual, complete, and timely documentation.
2. Clear, concise, and objective language that will stand up in court, and provide a professional standard for APS casework.

What is a good APS Case Record?

The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.

APS Case Record Requirements:

CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.

CDSS Manual of Policies and Procedures 33-805 –Case Record Requirements:

- SOC 341 Form – Report of Suspected Dependent Adult/Elder Abuse
- All written assessments and reassessments.
- The written service plan.
- Any written visitation plan.
- The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
- Documentation of any refusal of services including, if known, the reasons for refusal.
- 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
- Any other information or documents that APS believes necessary to maintain proper record of client's case.

Purposes of documentation

- Documentation to establish baseline data.
- Documentation as evidence of involvement - both justification for being involved and the importance of documentation for court.
- Documentation used to show that the case was handled properly.
- Documentation for purposes of consistency - to demonstrate that the case was handled efficiently and that all relevant leads were followed up on.
- To justify the need for staffing and/or funding - through documentation of the work required as well as the complexity of the work done on the case.

Considerations about documentation

- Who will read your documentation? (possibilities, among others, include: agency director, attorneys, auditors, judges, law enforcement, other APS staff)
- Where will it end up? (possibilities include: local Board of Supervisors or state officials, law enforcement agencies, conservatorship hearings, civil court actions, criminal court actions)
- Who benefits from good documentation? (possibilities include: the worker, their agency, the legal system, and the client)

Factual documentation should include:

- Date, time, duration of contact, type of contact (include who initiated the contact), with whom, who was present, and location.
- Direct and systematic observations
  - What you saw, heard, smelled
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes, like spontaneous Statements
  - Carefully document spontaneous statements. A spontaneous statement is a statement made by a witness, including a victim, while under the stress of excitement caused by witnessing a startling event. It is considered truthful because little time has passed to allow the witness to "make-up" a story.
  - A spontaneous statement can only come from a first-hand witness, such as the victim.

  - Document the witness' physical and emotional demeanor, for example behaviors that show the stress level when making the statement.
  - Document the victim's physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.
  - Save written interviews with non-verbal victims when done on paper.
  - Document the name of the person who heard the spontaneous statement.
  - Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.
  - Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.
- Clear language
  - Understood by any reader
  - Uses limited acronyms and lingo

Definitions of Subjective and Objective

Subjective description gives an interpretation of an observation. AVOID Subjective descriptions!

Two people seeing the same event might be likely to give different subjective descriptions.

Example of subjective documentation:

Client was filthy and disheveled

Judgmental? Inflammatory?

- Two types of statements are inappropriate for good, objective documentation. Judgmental statements, or statements that make value judgments about clients and their behavior; and Inflammatory statements, that utilize negative stereotypes or paint a subjectively negative image of a client, family member, or contact.

Judgmental Examples

- The following statements, unless they are quotes from clients or other relevant parties are judgmental and should not be a part of a legal record:
- The client is crazy
- The son is lazy
- The client is a redneck
- The daughter just wants to cause trouble

Inflammatory Examples

- These statements, similar to the ones on the previous screen, are not objective and should not be a part of a legal record:
- The client's nephew is a druggie
- The client only wants pain meds to get high
- The client dresses like a hooker
- The client is milking the system
- The mother's relationship is toxic

<u>Objective description</u> tells what was observed. Two people observing the same thing would probably give very similar objective descriptions. This is APPROPRIATE documentation.

Example of objective documentation:

Client's arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had no socks on and only one shoe.

Case Disposition

The APS Case Record must justify the disposition of the case:

1. <u>Findings</u> – Determine whether the matter is confirmed, inconclusive, or unfounded using the Consistency in Findings Matrix and Guide, i.e. including reasons for the finding.
2. <u>Actions taken on the case</u> – Provide details on the actions you took or attempted to take to remedy the abuse (e.g. unsafe situation, exploitation, etc.).
3. <u>Reasons for Closure</u> – For example, services are completed, other agency or resource assuming responsibility, etc.

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California APS Standards for Consistency in Case Documentation 2015

Key: **APS** = Adult Protective Services - **Vulnerable Adult** = elder and/or dependent adult, **Abuse** = all types of abuse and neglect/self-neglect.
W&IC (Welfare & Institutions Code), **MPP** (CDSS Manual of Policies & Procedures), **ACL** (CDSS All-County Letter)

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – **Immediate** W&IC 15763(b) MPP 33-510.1	1. Immediate life threat. **or** 2. Imminent danger. **or** 3. Crisis on an existing case. **or** 4. Local law enforcement request.	Within two hours but no longer than 24 hours from the time the agency received the call.	a. That there was a response within two hours. b. Reasons for not responding within two hours.	a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.

Acronyms used in this document:

SDM – Structured Decision Making
NTD – No Ten Day
FTF – Face-to-Face (or in-person) meeting with victim
NIR – No In-Person Response
SOC – Designated prefix for forms or templates created by the California Department of Social Services
MDT – Multi Disciplinary Team
LE – Law Enforcement
LTCO – Long Term Care Ombudsman
PG – Public Guardian's Office
DA – District Attorney's Office
DCA – California Department of Consumer Affairs

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – **Ten Day** W&IC 15763(b) MPP 33-510.1	Mandated response within 10 days.	Between 24 hours to ten calendar days from the time the agency received the call.	a. That there was a response within ten days. b. Reasons for a different response time, e.g. 2, 3, or 5 days.	a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the timeframe, e.g. reference to internal policies.

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – **NTD** ACL 14-42 W&IC 15763(b)(2) MPP 33-510.1	No protection issue. **or** Clients receiving intervention form other agencies/resources. **or** Clients where the protection issue was resolved. **or** Clients placed in permanent facilities **or** Reports received from non-credible resources. **or** Reports received involving other circumstances.	Assessed as NTD within 10 days. Resolved and closed within 30 days. A FTF needed within 30 days if unable to resolve and close.	a. Evaluation of risk determining that the vulnerable adult is not in imminent danger. b. An immediate or ten day in-person response is not necessary to protect the health and safety of the vulnerable adult.	a. Time of call and time of arrival. b. Justification Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – NIR ACL 14-42 MPP 33-505.1 MPP 33-510.1	1. Reports found to be outside APS jurisdiction or do not meet APS criteria. **or** 2. Inadequate information to contact or locate the vulnerable adult. **or** 3. Determination that the vulnerable adult has moved out of state or out of county. **or** 4. The vulnerable adult is deceased. **or** 5. A past occurrence that was investigated, and with no new allegations or present risks.	Assessed as NIR within 10 days. Resolved and closed within 30 days.	1. What jurisdiction they belong in, or what criteria they didn't meet. 2. Inability to find adequate contact information without assigning the case. 3. What jurisdiction they belong in. 4. Source of information, and there is no indication that another vulnerable adult is at risk. 5. Confirm there are no present risks.	1. Date and time of report, whether a cross-report was made, and where the caller was referred to receive the proper assistance. 2. That information could not be obtained from family or another individual with knowledge of the vulnerable adult's whereabouts. 3. To whom the cross-report was made, and/or where the caller was referred to. 4. Date of death, circumstances if known (e.g. suspicious), any collateral verification of the death. 5. Date of past occurrence, and information from other agencies that there are no present risks to the elder or dependent adult.

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – Investigation W&IC 15610.40 MPP 33-110.8 MPP 33-510.4 SOC-343 *CWDA's APS Guidelines to Supplement Regulations	That activity undertaken to determine the validity of a report of elder or dependent adult abuse.	1. Interview of the alleged victim in private, unless he/she requests otherwise. 2. Interview the suspected abuser if available and if appropriate. 3. Interview others with knowledge of the abuse, e.g. agencies, professionals. 4. Other agencies/ professionals involved in the investigation. 5. APS Worker observations. 6. Document observations that place the worker at risk. 7. Document your findings per Consistency in Findings Guidelines.	1. Obtained consent to enter the residence if interviewing victim at home, and consent to speak privately. 2. Summarize suspected abuser's statement. 3. Summarize the individual statements made by others. 4. Agency name and telephone number of contact person. 5. Describe the victim and the victim's environment as seen by the APS Worker, i.e. living quarters, adequacy of care, financial arrangements, physical evidence of abuse (Clarify indicators* e.g. Physical Indicators, Behavioral Indicators, Sexual Abuse Indicators, Financial Indicators or any other tools used by your county). 6. Criminal activity, animal, filthy hazard, infectious disease, weapons, substance abuse, severe/history of psychological problems, homicidal/suicidal ideation, violent behavior, sexual harassment. 7. All types of relevant and available evidence or facts gathered (whenever possible from more than one source), and as instructed in the *Consistency in Determining Findings Matrix and Guide.	1. Date, time, who was present, who left the room, victim's statement and willingness/ ability to cooperate with investigation, quote relevant statements, especially when made spontaneously and under strong emotion. 2. Date, time, who was present, relationship to the client, full name, contact info, role/ position, any consistency/inconsistency, and explanation of the events from the suspected abuser's point of view; quote relevant statements, especially when made spontaneously and under strong emotion. 3. Date, time, the relationship to the client, full name, contact info, role/position, and quote relevant statements. 4. Any findings, opinions, and quote statements made, e.g. the conclusion of a police report, fire department, or Public Health Nurse (PHN), etc. 5. Details of photos taken or obtained during the investigation, and source of information (e.g. documents) gathered by the APS Worker. 6. Details on the risky situation, and why it poses a risk. Include recommendations to mitigate the risk, e.g. don't go alone, go with law enforcement, etc. 7. Workers should document the specific reasons that led them to their findings for each allegation, not just state their conclusions.

Category	Defining Elements	Standard	What to Document	How to Document
Response to Reports – **Reporting Party** ACL 01-18 W&IC 15610.55 W&IC 15633 W&IC 15633.5 **NOTE:** Being an MDT member does not automatically grant access to APS confidential information. MDT member must be directly connected to the administration of the APS Program. * Review your County's Policy on how to treat confidential information, e.g. clearing requests with County Counsel.	Types of Reporting Parties (RP): 1. Non-mandated RP. 2. Victim/Client as RP. 3. Mandated RP. 4. RP is an agency listed under W&IC 15633.5, i.e. APS, local LE, LTCO, PG, DA, Bureau, Probate Court, and DCA Division of investigation. **Please Note:** All information retained on behalf of elders and dependent adults by county adult protective services agencies in the administration of the Adult Protective Services Program is confidential. All information contained in the case record as defined in the MPP Division 33, Chapter 8, Section 33-805, is also confidential.	1. May not receive Confidential Information, unless he/she is an MDT member directly connected to the administration of the APS Program. 2. May or may not receive confidential information based on County Policy.* 3. May not receive confidential information, unless he/she is an MDT member directly connected to the administration of the APS Program. 4. May receive confidential information when investigating a case of elder or dependent adult abuse.	• Include any information regarding expression of confidentiality or limitations of sharing information due to the type of RP. *** • Include a summary of the conversation, outcome, and any actions agreed to by either party. *** **Example:** The mandated reporter is the client's dentist. The dentist's services are not required by the client's service plan. Disclosure of confidential information, including acknowledging that the client is receiving adult protective services, is not directly connected to the administration of the Adult Protective Services Program. Therefore, the adult protective services agency may not release confidential information to the dentist. The adult protective services agency may, however, confirm receipt of the report of known or suspected abuse or neglect.	For every RP: • Date and time • Type of contact, e.g. call, email, etc. • Name, agency, title • Phone number/contact information • Purpose or reason of contact, call or email to APS For example: 2/28/14 at 3pm Telephone call from Capt. Jones with City Fire Dept (888-555-5555). He responded to the client's home. **IMPORTANT** Document the report of abuse in a timely manner, or as soon as practically possible based on your County's policy and procedure.

Category	Defining Elements	Standard	What to Document	How to Document
Assessment – Capacity Issues W&IC 15636 W&IC 15657.6 W&IC 15701.25 W&IC 10850(e) MPP 33-110.8 Probate Code 811, **812**, 813, 1821, 1881 Civil Code Sec 39 Probate Code 2250(a)(b) Objectives: Initiation and reason for involuntary case planning detailing how to remediate the unsafe situation; and when appropriate, to establish the facts of good cause for appointment of the temporary guardian or temporary conservator. [Probate Code 2250(b)].	Whether or not the vulnerable adult is incapacitated to the extent that he/she cannot give nor deny consent to protective services a) because of suspected mental impairment, **or** b) because he/she is an endangered adult.	a) Suspected mental incapacity: 1. Ability to understand relevant information, e.g. rights, responsibilities. 2. Ability to understand and appreciate a situation and its likely consequences. 3. Ability to manipulate information rationally, i.e. to reason and understand risks, benefits and alternatives. 4. Ability to evidence a choice by communicating verbally or through any other means. b) Endangerment: 1. The victim is at risk of serious injury or death due to abuse, or is substantially unable to manage his or her financial resources or to resist undue influence, **and** 2. The victim demonstrates the inability to take self-protective action.	a) Suspected Incapacity: 1. Information to be understood includes nature of client's condition and situation, nature and purpose of proposed remediation of the situation, possible benefits and risks of that remediation, and alternative approaches (including no intervention) and their benefits and risks. 2. Clients who do not acknowledge their abusive or precarious situation (often referred to as "lack of insight") are likely to remain in unsafe situations. 3. Focuses on the process by which a decision is reached, not the outcome of the client's choice, since clients have the right to make "unreasonable" choices. 4. Frequent reversals of choice because of psychiatric or neurologic conditions may indicate lack of capacity. b) To document endangerment: 1. Document the victim's refusal for protective services in light of whether the victim is an endangered adult or not. 2. Document the risk of serious injury or death, or the substantial inability to manage his or her financial resources or to resist fraud or undue influence. 3. Document how the victim demonstrates the inability to take action to protect himself or herself from the current and/or future consequences of remaining in that situation or condition.	a) Suspected Incapacity: 5. Document what the client said in his/her own words about: A. The problem with his/her situation now. B. The recommended remediation, and its possible benefits and risks. C. Any alternative remedies and their risks and benefits. D. The risks and benefits of no intervention. 6. Document what the client said about: A. Their view of their situation. B. There needing to be some type of assistance or intervention, and what is it likely to do. And his/her reasons. C. What clients believe will happen if there is no assistance or intervention? D. Why the clients think the recommendations have been made? 7. Document what the client said about: A. How did the client decide to accept or reject the recommendations? B. What makes the chosen option better than the alternative option(s)? 8. Document the client's responses to the following: A. Have you decided whether to follow the recommended remediation? B. Can you tell me what that decision is? C. [If no decision] What is making it hard for you to decide? b) How to document endangerment: 1. Document the worker's assessment of the risks and danger to the client. 2. Document the determination of whether or not to institute involuntary services.

Category	Defining Elements	Standard	What to Document
Service Plan – Development and Monitoring W&IC 15763 MPP 33-535 Please Note: If the client cannot consent to the Service Plan, please refer to your County's Policy on providing involuntary protective services	A service plan is a set of activities developed with client input and acceptance to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment. The purpose of a service plan is to give direction to efforts to alleviate or reduce identified problems or risks, by specifying actions to be taken and resources to be utilized, and bring about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future.	a) To identify the problems to be alleviated based on the assessment. b) To develop the desired outcomes and strategies to be used in attaining those outcomes. c) To identify resources and supports to be used in order to attain the outcomes and stabilize the situation. d) The services identified in the service plan shall be delivered only with the consent of the elder or dependent adult. e) Monitoring and followup.	a) The client's perception of the problem and concerns and the APS Worker's perception of the problem and concerns. The adult protective services worker shall ensure the client's input in the development of the service plan and shall discuss with the client the voluntary nature of the adult protective services program. b) The specific goals and the steps to attain these goals, and how each step addresses the protective issue. Steps to attain these goals should include: • Documenting any counseling on protective issues by APS Worker. • Documenting any expert counseling (e.g. finances, psychotherapy, healthcare, insurance) for clients and significant others to alleviate the identified problems and to implement the service plan. c) Name of each resource (e.g. agency, service) and support (e.g. relative, friend, neighbor), and their role in stabilizing the situation. d) The adult protective services worker shall document in the case record the client's agreement to the service plan or shall request the client to sign a document that indicates the client's willingness to receive the services in accordance with the service plan. e) Document actions taken to monitor and evaluate the effectiveness of the plan in addressing the protective issues.

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APS Guidelines for Investigations

Guidelines for Investigative Workers:

1. Steps to take upon being assigned an abuse report

    a. Review the report and assess the level of risk to the client in order to determine a timeline for beginning the investigation (i.e. is an immediate investigation needed?).

    b. Research previous reports involving this client (and perpetrator if data system allows)

        i. Previous information should be used determine the dynamics of the case, the client's support system, what solutions have been tried in the past, etc. However, each new investigation should be undertaken without prejudice.

    c. Call the reporting party to gather any additional information he/she is able to provide including:

        i. History of the abuse situation

        ii. Dates and times of abuse occurrences

        iii. Signs and symptoms of the abuse they may have observed (see *Evidentiary Issues to Consider* under *California APS Standards for Consistency in Determining Findings*)

        iv. Indicators of any other types of abuse beyond the initial allegations

        v. Reporter's relationship to the client and other in the case

        vi. Names and contact information of others who have witnessed the abuse

        vii. Background information about the client's support system/services currently being utilized

        viii. Safety concerns for both the client and the worker

        ix. Any other information pertinent to the case.

    d. Develop a preliminary plan (subject to change as the investigation unfolds) for the unannounced home visit

        i. Think about who you will need to interview including

            1. Client

            2. Perpetrator (unless it will endanger the client)

            3. Collateral contacts

4. Service providers

ii. Think about what information you will need to confirm each allegation (see *Evidentiary Issues to Consider* under *California APS Standards for Consistency in Determining Findings*).

iii. Think about when to do the initial home visit (i.e. while perpetrator is at work, early morning in a gang neighborhood, morning for a client reported to have sundowners).

iv. Discuss any questions or concerns you have with your supervisor.

v. Think about safety issues and whether you should make a joint home call with a co-worker or with law enforcement.

vi. Map your route to the client's home and leave a home visit itinerary with your management as a safety precaution. Your management should always know where you are when you are in the field for your own safety.

2. The initial face to face client contact

a. All initial contacts with clients should be unannounced unless there are extenuating circumstances (e.g. code enforcement officer needs to be present and has limited availability, domestic violence situation where client needs to be interviewed away from the home).

b. Any follow up reassessments should be unannounced as well, unless circumstances of the case dictate visit being announced & scheduled.

c. If you are unable to locate the client on your first visit:

i. Check for indicators that a welfare check by law enforcement may be needed (e.g. build-up of mail or newspapers)

ii. Make at least two more in person attempts before closing the case as "unable to locate client" by:

1. Visiting the home at a different time and/or

2. Contacting collateral contacts to determine the client's likely location and/or

3. Researching previous addresses and attempt to find the client at that address

iii. Either leave a business card or send a letter (depending on your agency policy and the specific allegations in the case).

d. Take time to develop rapport with your client. Time spent rapport building upfront will save you considerable time over the course of your investigation and will help you collect more accurate information.

e. Ideally, the client should be interviewed alone whenever possible.

f. Every effort should be made to interview the client inside his/her home.

g. Observe the client's environment in enough detail to document it in the case file.

h. Document the client's initial statement about the abuse including reports of threat, intimidation and harassment.

i. Assess the client's willingness and ability to participate in the investigation

j. Based on the Evidentiary Issues to Consider under California APS Standards for Consistency in Determining Findings, determine what indicators of each abuse allegation are/are not evident and whether further investigation is needed.

3. If the client declines to be involved in the investigation

   a. You should determine the severity and urgency of the alleged harmful situation and explore whether the client is able to recognize the hazards. Probate Code 812 offers guidance on decisional ability (e.g. refusing help) by exploring these areas:

      i. Make choices (e.g. to participate or not, to allow the abuse to continue or not, to speak out against the abuser)

      ii. Understand what will (or will not) happen if he/she participates in the investigation

      iii. Appreciate the risks of letting things remain as they are

      iv. Reason through all ramifications of the different possible choices

   b. If the client appears substantially unable to recognize the harmful situation, and the client is at risk of serious injury, death or significant property loss, then the investigation must continue so as to consider the need for involuntary services (e.g. conservatorship), consistent with WIC 15636(b).

   c. If there is an alleged penal code violation, then the investigation shall go forward even without the client's participation, based on WIC 15636(a).

   d. Refer to the Assessment and Investigation sections of the APS Standards for Consistency in Case Documentation found on the CWDA APS Guidelines to Supplement Regulations: http://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines

4. If you are not certain about the client's ability to fully appreciate the risk or consequences of an act or transaction needed to complete your investigation, arrange for services or ensure the client's safety, it is permissible to ask the client to sign needed documents if all of the following conditions are met:

   a. The client has not been legally declared incompetent by the court; AND

   b. All other reasonable methods to protect the client have been considered; AND

c. Based on consultation with your supervisor, such actions are necessary to protect the client against imminent harm and/or irreparable damage such as abuse as defined in WIC 15610.07 and neglect as defined in MPP 33-130 (n)(1); AND

d. You document:

    i. The reasons you believe the client seems unable to care and protect self (e.g. substantial inability to recognize the harmful situation)

    ii. What other reasonable methods have been considered

    iii. Why asking the client to sign the specific documents is in the client's best interest and is necessary for his/her protection and/or to provide necessary services

    iv. That you informed the client that he/she has a right to refuse to sign the documents.

e. Your supervisor must review and sign off on your decision to have the client sign the document(s).

f. The following are examples of the types of situations when you might ask an impaired client to sign documents:

    i. The client has been referred for a conservatorship and needs an IHSS caregiver until the conservatorship is in place. She has no legal representative so must sign the paperwork to open an IHSS case.

    ii. The client has been conned into selling his home below market value and you need to put an immediate stop to the sale.

g. In no case may a client be asked to sign any document that could be used to remove his/her rights (e.g. waiving his right to contest a conservatorship).

h. It is best practice to consult with your multidisciplinary partners if there is any reason to believe that the case will result in a criminal prosecution.

5. Interviewing the Alleged Perpetrator

    a. You should always attempt to interview the alleged perpetrator to get his/her side of the story unless there is reason to believe that interviewing the alleged perpetrator would:

        i. Endanger your safety

        ii. Increase the danger to your client

        iii. Compromise a law enforcement investigation

    b. Or, the client has capacity and refuses to grant permission to contact the alleged perpetrator unless a violation of the Penal Code has been alleged in which case the consent of the client to an investigation is not required.

6. Contacting collateral contacts

    a. Collateral contacts are defined as any contacts by phone, in person or in writing with other parties involved in the client's situation or who may be able to help remedy the situation.

    b. Client consent to contact others:

        i. When there is an alleged Penal Code violation being investigated as part of the case, collateral contacts can be made without the consent of the client. Although the law and regulations allow APS to make collateral contacts during the course of an investigation when a violation of the Penal Code has been alleged, the APS worker must use his or her own discretion about when it is and when it is not in the best interest of the client and the investigation to make any collateral contact without the consent of the client.

        ii. If a Penal Code violation has not been made, then collateral contacts other than the reporting party and those that are part of the MDT may not be made without client consent. The exception to this is when client's immediate health and safety are of concern and then appropriate contacts may be made for the purpose of addressing safety.

    c. Refer to the Consistency in Findings guidelines for guidance on situations when you should contact collaterals. Issues to consider include the type of abuse, who witnessed it (firsthand accounts vs. heard from a third party), how obvious is the result of the abuse, and who holds the facts needed to confirm the abuse.

7. Case Documentation:

    a. Use the *California APS Standards for Consistency in Determining Findings* to:

        i. Guide you in collecting facts and documentation to support or refute the allegations

            1. Types of documentation to collect may include but is not limited to:

                (a) Client statements

                (b) Medical records and results from medical/mental health assessments,

                (c) Police reports and criminal records,

                (d) Financial records (such as bank statements, credit card bills, stock reports, and wire transfers),

                (e) Statements from collateral contacts,

                (f) Photographs and recordings (See WIC 15634(a), and guidelines below), and

                (g) Legal documents (such as POAs, wills, trusts, and deeds)

2. Photography guidelines: Consult your county policy.

   (a) General guideline if you do take photos;

      (i) Purpose of Photographs:
      Photographs may be used only for specific legal purposes relating to either the prosecution of the perpetrator of the abuse or for specific case planning purposes such as documentation for MDTs, conservatorship referrals, medical consultations, civil remedies and outcome documentation.

      (ii) What to photograph:
      Photographs taken for evidentiary purposes are usually of indicators of physical abuse or severe neglect, self-neglect/hoarding, and may be used in legal proceedings.

      (iii) When are permissions required:
      Photographs of the client or his/her living quarters, which are taken to document specific conditions, require the client's written or verbal consent except in the following circumstances:

      - The photographs are taken for evidentiary purposes or

      - The APS worker determines that the client is so incapacitated as to not have the ability to understand the request. If the client is too incapacitated to consent, the APS worker will clearly document their observations and any available information from other sources (e.g. doctor or reporting party) that shows lack of capacity to consent. Whenever possible, law enforcement or medical professional taking the photos will be preferred over the APS worker when a client cannot give consent.

      (iv) Don't take photos on your personal phone except under urgent conditions. Your phone and all your personal photographs and files become discoverable in a court case if you have client photographs on your phone.

      (v) Follow the rule of thirds in taking photos:
      Whenever possible, at least four (4) photos are taken of physical abuse or neglect indicators. First a frontal identification shot should be taken. Then, a close-up shot, a shot of the immediate surroundings, and a wider view shot should be taken. So, if the client has an injury on their left arm, you should take a photograph of the client's face (identifying shot), then a close up of the injury itself, a photo of the client's arm showing the wound, and then a wider shot showing the client's whole left side

including their face and immediate surroundings. In addition, when taking photographs of bruises or wounds, a picture should be taken using a familiar object (ruler, scale, coin, etc.) to determine the size of the bruise/wound. All photographs become a part of the confidential case file. A photo should be taken with and without the familiar object to show there is nothing under the object.

(vi) Storage:
Photos taken must be imported to a documentation file as soon as possible and not later than 7 days after being taken. These photos must then be deleted from the camera after upload.

(vii) Documentation of the photographs:
Photos imported to the documentation file must include the following information:

- Name of person taking the photo
- Client number,
- Client name,
- Date, time and location each photo was taken
- Description of the photo
- Photos of a sensitive nature should be titled “sensitive”.

(viii) Documentation in the case file:
A case note must be entered into your case documentation describing the circumstances and details of obtaining the photos and the details of what photos were imported and stored in the documentation file. Include the file location.

(ix) Seek training if you regularly photograph clients.

3. Audio Recordings may be made if allowed under your local policy.

4. Documentation collected from sources other than the client may be confidential and, in many cases, the client is not entitled to copies. See your county policy for further information.

b. Timeliness of documentation:

i. All case contacts and actions should be documented as soon as possible in order to ensure that the record is accurate, factual, and complete. As standard practice, this documentation should occur no later than 7 business days after the contact/action.

8. Determining Findings

   a. Use the Evidentiary Issues to Consider under California APS Standards for Consistency in Determining Findings to:

      i. Make a determination of whether or not the abuse occurred.

      ii. Provide a framework for presenting a logical justification for the findings in each case based on the evidence gathered. This justification must be documented in the case file and every conclusion should be supported by accompanying facts. See "Guiding Principles for APS Case Documentation" [www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines]

         1. Examples of acceptable documentation:

            (a) Financial abuse is confirmed based on the 12/14 bank statement showing a $200 withdrawn from a casino ATM despite the client being bedbound and the client's statement that only her son had access to her ATM card.

            (b) Self-neglect is confirmed based on the client's refusal to see a doctor despite the APS nurse's determination that the wound on the client's foot is infected and may become gangrenous.

9. The SOC 341/342 should be sent over to law enforcement:

   a. Within 24 hours when there is an allegation of abuse by others (except for financial abuse), or as determined by a MOU with your local law enforcement. Prior to making any cross-report of allegations of financial abuse to LE, a determination that there is reasonable suspicion of any criminal activity shall first be made per WIC 15640(a)(1).

   b. As soon as possible in cases of Physical or Sexual or Domestic Violence assault.

   c. After any investigation, if there is a reasonable suspicion that a crime has been committed, the SOC 341 or SOC 342 may be included with the APS investigative report (e.g. SOC 343, or like form) to law enforcement.

10. It is recommended that a police report be made when the situation warrants active law enforcement involvement or as recommended in an MOU with law enforcement.

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Best Practices for APS Initiated Restraining Order (AIRO)

Communication with the following and suggested MOU partners

- It is a suggestion to make contact with the following local partners as well as enter into a MOU agreement with them for AIRO implementation in your County.

(* indicates these partners are essential and must be contacted in implementing AIRO)

- Public Guardian (PG)*
- County Counsel*
- Regional Center
- Senior Law Center
- DA Victim Services
- Mental Health Partners

Domestic Violence Shelters
Possibly a Judge/ Commissioner
Long Term Care Ombudsman
Victim Advocates
Law Enforcement

General Recommendations for Implementation

- It is a suggested that before using this tool, please consider doing the following:
    - Your program create an internal process and P & P for this tool
    - Identify/ train specialized staff for this role
    - Prepare for transportation needs as required – consider video conferencing for client in lieu of coming to court

Recommended Situations

- It is a suggested that before using this tool, please consider doing the following:
  - APS has exhausted all other protective options
  - Consider using with severe abuse- neglect, abduction, isolation, physical abuse, financial cases
  - When no one else is willing or able to file on behalf of client
  - There exists a reliable third party (i.e. licensed facility) to monitor compliance of the protective order

Recommended Process

- It is a suggested that if planning to use this tool, please consider doing the following:
  - Workers should consult with APS supervisor about situation
  - Create a case plan to ensure processes are followed
  - Bring to local MDTs (Forensic Center, etc.) if time allows
  - Follow on local protocol for assessing for client's capacity
  - Seek County Counsel recommendation on what is written in RO due to confidentiality concerns
  - Obtain APS manager's approval before filing for restraining order
  - In the event of client's incapacity, also refer to local PG

Things to consider

- It is a suggested that if planning to use this tool, please consider these
  - Liability to APS for example if PG does not file petition for conservatorship and impact on APS
  - Long term implications of annual RO hearings and staffing these (will new RO be needed when current expires)
  - How best to get APS information to court if not through PG office
  - Creating a backup plan if Probate Court does not authorize conservatorship

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Guiding Principles for Positive Outcomes

Introduction on the use of the Matrix

APS Casework involves an interaction between the level of risk, the available services, and the client's willingness to engage and access the services. For this reason, no one area of the matrix should be given undue weight or influence in determining the success of the case.
Note: The most appropriate casework does not guarantee a positive outcome.

Positive Outcomes

Positive outcomes are the desired results stemming from preventive and remedial services initiated or coordinated by the APS Worker.

Elements to consider for positive outcomes

- Empowerment of the client.
- Using a client-centered approach.
- Consultation and collaboration with the client's significant others, their support system, and with multidisciplinary team members.

Examples of Positive Outcomes

- Legal advice and/or support are in place to remedy a legal situation.
- There is decreased isolation and a safety net in place.
- The victim or another resource protects her financial interests.
- There is decreased dependency on the abuser.
- The victim is separated from the abuser.
- The victim accepts or receives help to make her environment safe.
- The victim accepts or receives help with activities of daily living.

The Matrix

I. **Abuse Type**

- The order of the types of abuse is consistent with the CWDA's Consistency in Findings Matrix, found on Section 2.2 of the APS Guidelines to Supplement Regulations (http://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines)
- **Definitions of abuse:** Refer to the CWDA's Guidelines for Consistency in Findings Matrix (link above), and to the CA Welfare and Institutions Code: (http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=11.&article=2).

II. Initial Level of Harm

- Refers to the APS Workers' assessment of the client's situation, upon conclusion of the APS Workers investigation (the APS Workers' determination, not the RP's allegation).
- The APS Worker's findings could rank the client into one of four categories: imminent, moderate, marginal danger, or not applicable.
- Imminent danger: the client is at significant risk of serious harm or death, or substantial financial or property loss.
- Moderate danger: the client is at risk of harm, or financial/property loss.
- Marginal danger: there are indicators that the client might be at risk of harm, or financial/property loss.
- Not applicable: there are no indicators or risk factors illustrating or suggesting abuse.

III. Case Worker Interventions

- It refers to those client-centered activities performed by the APS Worker.

IV. Client Level of Engagement

- It refers to client's willingness and docility with the intervention process, whether incapacitated or not.

V. Outcome Level

- **In Crisis** - Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse and is being physically abused and or neglected. Client is unable to manage basic ADLs, such as hygiene, eating, toileting and no assistance in place.
- **Vulnerable** - Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse. Client is able to somewhat manage or have assistance place in place for ADLs.
- **Stability Line** - Indicates when the situation is at a level when closing the case would be appropriate.
- **Stable** - Risk for future abuse has been mitigated by APS/community interventions but the client continues to have contact with individual(s) who have been assessed as high risk for perpetrating abuse. Client is able to manage or have a long-term assistance in place to meet all ADLs and vital IADLs, including medication management and meal preparation.
- **Safe** - Client's needs are being adequately met in a safe environment, and client is no longer dependent upon individual(s) assessed as being high risk for perpetrating abuse. Client is able to manage or have assistance place for all ADLs and IADLS.
- **Thriving** - Client's needs are being adequately met in a safe environment, and client has major health stabilization/improvements and/or development of skill. Client is able to engage or has assistance to engage in activities of choice beyond ADLs and IADLS.

VI. Examples of Remedies with both, Consenting Clients and Incapacitated Clients

- These sections provide examples to guide APS Social Worker practice.

Considerations

AIRO – every county determines independently whether to use these guidelines or not, and what unique local considerations there are. Please refer to your county policy. The CWDA guidelines can be found on this link: (http://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines)

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California APS* Standards for Consistency in Outcomes

Key: APS = Adult Protective Services. Client = elder and/or dependent adult. SA = suspected abuser

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Physical Abuse	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has unrestrained access to client and/or there is credible evidence that harm is imminent, has occurred or is occurring. 2. Vulnerable, e.g. SA has access to client and it is unclear whether current protections are adequate. -----------------Stability Line *--------------------- 3. Stable, e.g. SA has limited access to the victim, and the victim appears adequately protected by self or others, e.g. safety plan in place. 4. Safe, e.g. the SA no longer has access to the victim, and there is an ongoing protective plan in place. 5. Thriving, e.g. the victim and/or support system has an awareness of the risk factors for physical abuse and the victim is in a safe and nurturing environment.

Examples of Remedies with Consenting Clients:

- Agrees to law enforcement intervention, e.g. Emergency Protective Order, presses charges.
- Agrees to civil remedies, e.g. restraining order, eviction of SA, changes in POA or trust to remove SA.
- Relocates away from abusive situation.
- Accepts support from previously uninvolved family members or significant others.
- Accepts support from community agencies to decrease or eliminate dependence on SA.
- Accepts and knows how to implement an emergency plan/safety plan.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Contacts law enforcement for possible EPO if necessary, and ensure Law Enforcement takes a report, and that the abuse is documented by photographs, either by LE or APS based on County policy.
- Considers medic al evaluation (e.g. paramedics) to determine if the client needs hospitalization.
- Contacts relatives or someone with decision making capacity for the client (i.e. POA, Conservator, Trustee, Guardian), and if none are available, then refer the matter for either private or public conservatorship as appropriate.
- Insures that the client is in a safe environment before leaving the scene (i.e. the perpetrator has been removed from the premises, the client has been hospitalized or the client is in a safe environment).
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.
- If hospitalized, ensures APS Worker follows up with hospital to prevent unsafe discharge.
- Connects client to appropriate resources, e.g. IHSS, home health agencies, Regional Center, etc.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Sexual Abuse	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has unrestrained access to victim and/or there is credible evidence that sexual assault is or has occurred. 2. Vulnerable, e.g. SA has access to client and it is unclear whether current protections are adequate. -----------------Stability Line *--------------------- 3. Stable, e.g. SA has limited access to the victim, and the victim appears adequately protected by self or others, e.g. safety plan in place. 4. Safe, e.g. SA no longer has access to the victim, and there is an ongoing protective plan in place. 5. Thriving, e.g. victim and/or support system has an awareness of the risk factors for physical abuse and the victim is in a safe and nurturing environment.

Examples of Remedies with Consenting Clients:

- Agrees to law enforcement intervention, e.g., presses charges, participates in law enforcement interview, provides physical evidence.
- Agrees to medical evaluation, e.g. forensic medical examination, prophylaxis for STDs.
- Accepts support from local rape crisis center or another counseling resources.
- Accepts support from family, friends or significant others.
- Accepts information about local resources of assistance to victims of violent crimes.
- Engages with family, friends, day program staff and other entities as appropriate to protect self from further contact with perpetrator.
- Engages with social workers and other protection workers to create a safety plan.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Arranges for another person to assume responsibility for protecting client from perpetrator.
- Ensures another person has assumed responsibility for obtaining necessary medical examination and treatment, e.g. private or public conservatorship.
- Confirms law enforcement is engaged in assessing further risk to this client and the perpetrator's risk to other vulnerable adults.
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.
- Confirms decision-makers have accepted referrals to crime victims support services.
- Ensures another person or agency is implementing strategies to protect client from future harm.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Financial Abuse	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has financial Power of Attorney or access to client finances. There is evidence of ongoing improper influence and/or financial misconduct that has or is resulting in real or personal property loss. 2. Vulnerable, e.g. Another person has financial Power of Attorney or access to client finances. There is evidence of improper pressure and/or influence, and with the potential to result in real or personal property loss. -----------------Stability Line *---------------------- 3. Stable, e.g. Client's real or personal property is adequately protected from improper influence or loss. 4. Safe, e.g. the SA no longer has access to the victim's real and personal property, and there is an ongoing protective plan in place, including monitoring of the finances. 5. Thriving, e.g. same as 4 above, and the client is recuperating the losses.

Examples of Remedies with Consenting Clients:

- Understands the harmful situation and seeks legal advice.
- Takes steps to reduce or eliminate the access that the SA has to his/hers persona l and real property, e.g. protects banks accounts and deposits, protects mail, rearranges payment of bills, changes POA, accepts alternate payee, revises trust with competent legal assistance, delegates oversight and management to significant other or to a professional fiduciary.
- Pursues restraining orders (including EPO), and possibly lays charges against SA, and/or pursues civil remedies in court to recover personal and real property.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Secures observations and assessments to illustrate the victim's inability to act in his/her own rational self-interest, e.g. decisional and executive capacity assessments.
- Secures observations to illustrate the victim's inability to protect his/her personal and real property, e.g. inability to withstand undue influence, substantial property loss to scams, unfair/unequal/unjust results that harm the victim financially.
- Arranges for another person or resource to assume fiduciary responsibility for client's real or personal property, e.g. DPOA, successor trustee, private conservatorship.
- Refers the victim to the Public Guardian for a public conservatorship of the estate.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Neglect	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. Client is dependent or semi-dependent on others for ADLs and/or IADLs, who are not meeting the client's needs. There is evidence of a lack of care resulting in extremely unsafe/unsanitary living condition(s) and/or posing significant health/safety hazard(s) to the client. 2. Vulnerable, e.g. Caretaker(s) are not meeting the client's needs. There is evidence of a lack of care resulting in or likely to result in moderately unsafe/unsanitary living conditions and/or posing health/safety hazard(s) to the client. -----------------Stability Line *--------------------- 3. Stable, e.g. Caretaker(s) is adequately meeting client's needs. Housing/environment may not be ideal but there is no evidence of health/safety hazard(s) to the client. 4. Safe, e.g. Caretaker(s) is providing care in accordance with a safety plan, that includes caregiver support. There is no evidence of health/safety hazard(s) to the client. 5. Thriving, e.g. Caretaker(s) accesses available resources that improve the quality of care and functional ability of the client, e.g. client resides in a safe and nurturing environment.

Examples of Remedies with Consenting Clients:

- Accepts support from previously uninvolved family members, significant others, and their support team.
- Accepts support from community agencies to assist with daily living needs (e.g., IHSS, home health aide, etc.).
- Acknowledges necessity of caregiver resources (e.g., respite care, caregiver support groups, etc.).
- Accepts and is willing to implement a safety plan to address unsafe/unsanitary living conditions.
- Accepts out of home placement if necessary.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Secures observations and assessments to illustrate the caretaker's inability to provide care and protections.
- Pursues assessments to illustrate the standard of care for that condition, and educate the caretaker(s) on it, and follow up with progress.
- Arranges for another caretaker to assume responsibility for client's welfare through active caregiving, or POA for Healthcare (ADHC), or through the pursuit of a private or public conservatorship of the person.
- Pursues an EPO, RO, and illustrate the abuse to promote civil and/or criminal remedies.
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Self-Neglect	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. Significant evidence of lack of self-care or financial mismanagement that is resulting in extreme health/safety hazard(s) to the client, or substantial real or personal property loss. 2. Vulnerable, e.g. Evidence of lack of self-care or financial mismanagement that is resulting in moderate health/safety hazard to the client or real or personal property loss. ------------------Stability Line *---------------------- 3. Stable, e.g. Housing/environment may not be ideal but there is no evidence of health/safety hazard(s) to the client, and client's real or personal property is adequately managed. 4. Safe, e.g. Client is engaged with a safety plan, which may include caregiver support, and there is no evidence of health/safety hazard(s) to the client. 5. Thriving, e.g. Caretaker(s) accesses available resources that improve the quality of care and functional ability of the client, e.g. client resides in a safe and nurturing environment.

Examples of Remedies with Consenting Clients:

- Accepts support from previously uninvolved family members, significant others, and their support team.
- Accepts support from previously uninvolved family members or significant others.
- Accepts support from community agencies to assist with daily living needs (e.g., IHSS, home health aide, etc.).
- Acknowledges necessity of caregiver resources (e.g., respite care, caregiver support groups, etc.).
- Accepts and is willing to implement a safety plan to address unsafe/unsanitary living conditions.
- Accepts out of home placement if necessary.
- Accepts a formal or informal payee.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Helps secure observations and an assessment to illustrate the client is incapable of providing self-care and self-protection.
- Arranges for social supports to mitigate the harmful situation.
- Pursues less restrictive involuntary alternatives to conservatorship.
- Arranges for another resource to assume responsibility for client's welfare through active caregiving, or POA for Healthcare (ADHC), or through the pursuit of a private or public conservatorship of the person.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Mental Suffering (Psychological Abuse)	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has unsupervised access to client and causes client to be emotionally or physically distressed. 2. Vulnerable, e.g. SA poses potential risk to client; however, SA has no unsupervised access to client. -----------------Stability Line *--------------------- 3. Stable, e.g. SA (1) either has no access to client, (2) or receives intervention on anger management, and client demonstrates no evidence of emotional or physical distress. 4. Safe, e.g. Client is not distressed with or fearful of SA. 5. Thriving, e.g. Client is not distressed with or fearful of SA, and has social support other than SA.

Examples of Remedies with Consenting Clients:

- Agrees to law enforcement intervention, e.g. any available protection methods, such as RO.
- Agrees to civil remedies, e.g. restraining order, eviction of SA, changes in POA or trust to remove SA.
- Relocates away from abusive situation. Client agrees to safety plan as developed with APS Worker or other professionals.
- APS Worker educates SA on proper ways to interact with client, and assist SA in seeking supportive services and education.
- Accepts support from appropriate and available family members or significant others.
- Accepts support from community agencies to decrease or eliminate dependence on SA.
- Accepts and knows how to implement an emergency plan.
- Agrees to counseling for pertinent issues related to elder and dependent adult abuse, domestic violence, substance abuse, or/and mental health.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Intervenes through the use of protection interventions, ROs and other Civil Remedies.
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.
- Educates SA on proper ways to interact with client, and assist SA in seeking supportive services and education.
- Involves support from appropriate and available family members or significant others.
- Provides counseling to the SA for pertinent issues related to elder and dependent adult abuse, domestic violence, substance abuse, or/and mental health.
- Sets up adequate protection mechanisms, e.g. refers to Public Guardian for conservatorship or case management, facilitates family meetings, mediates interfamilial issues, refers to social service agency or community service agency.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Abandonment *Means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.*	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has left the victim without care and victim requires 24-hour care and/or supervision. Victim has imminent medical and/or safety needs. 2. Vulnerable, e.g. SA has left the victim without care and victim needs daily medical/physical care to remain safely in the home. -----------------Stability Line *--------------------- 3. Stable, e.g. There is a caregiver in place addressing the client's needs for care and supervision. 4. Safe, e.g. The victim is receiving adequate caregiving and supervision. 5. Thriving, e.g. The victim has adequate caregiving in place and respite caregivers available should the caregiver be unavailable.

Examples of Remedies with Consenting Clients:

- Accepts support from previously uninvolved family members, significant others, and their support team.
- Accepts support from community agencies to assist with daily living needs (e.g., IHSS, home health aide, etc.).
- Acknowledges necessity of caregiver resources (e.g., respite care, caregiver support groups, etc.).
- Accepts and is willing to implement a safety plan to address unsafe/unsanitary living conditions.
- Accepts out of home placement if necessary.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Secures observations and assessments to illustrate the caretaker's inability to provide care and protections.
- Pursues assessments to illustrate the standard of care for that condition, and educate the caretaker(s) on it, and follow up with progress.
- Arranges for another caretaker to assume responsibility for client's welfare through active caregiving, or POA for Healthcare (ADHC), or through the pursuit of a private or public conservatorship of the person.
- Pursues an EPO, RO, and illustrates the abuse to promote civil and/or criminal remedies.
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Isolation	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. SA has denied access to the client, and is actively working to maintain the client's isolation. Client is threatened, intimidated, or denied access to others, and there is concern for client's safety/well-being. 2. Vulnerable, e.g. Client is dependent and socially isolated, and there is a history of restriction of the client's activities. ----------------Stability Line *------------------- 3. Stable, e.g. Client may be socially isolated, but no current evidence that this is contributing to protection or safety issues. When applicable, a caregiver is regularly interacting with the client. 4. Safe, e.g. Client has occasional or irregular contact with family members and others. No current evidence of protection or safety issues. 5. Thriving, e.g. Client has regular contact with family members and others, including but not limited to the client's caregiver. Client's contact with others is not limited to ensuring ADLs/IADLs are met, but includes other supportive social interaction.

Examples of Remedies with Consenting Clients:

- Accepts support from previously uninvolved family members or significant others.
- Accepts support from community agencies to assist with daily living needs and to provide social interaction (e.g., IHSS, home health aide, community/church organization, etc.).
- Acknowledges necessity of caregiver resources (e.g., respite care, caregiver support groups, etc.).
- Accepts and is willing to work with a new or different caregiver, if available.
- Accepts and is willing to implement a safety plan to address social isolation.
- Accepts out of home placement if necessary.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

- Removes SA from client, if not applicable, educates SA on the need for regular interaction with others, as appropriate.
- Involves support from appropriate and available family members or significant others.
- Sets up adequate protection mechanisms, e.g. refers to Public Guardian for conservatorship or case management, facilitates family meetings, mediates interfamilial issues, refers to social service agency or community service agency.
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

Outcomes Matrix
*Refer to Guide for considerations and examples of positive Outcomes.

Abuse Type	Initial Level of Harm	Case Worker Interventions	Client Level of Engagement	Outcome Level**
Abduction	1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	1. Remedy is not available, or not possible. 2. Remedy is available but not practical, e.g. too expensive, inaccessible, etc. 3. Remedy is available, but will only partially correct the situation. 4. Remedy available, and remedies the abusive situation. 5. N/A – Remedy not needed, because this is not an area of risk.	1. Declines all interventions. 2. Partially engaged with services. 3. Agrees with services and remedies being proposed. 4. Actively engaged in seeking advice and pursuing remedies. 5. Not Applicable	1. In-Crisis, e.g. Client has been removed from this State, and is being restrained from returning. 2. Vulnerable, e.g. There is evidence that client is at risk of being removed from this State without their consent, or that of their conservator. -----------------Stability Line *--------------------- 3. Stable, e.g. The client has been prevented from leaving or returned to the State and the SA has been limited access to the client, and protective measures have been put in place to prevent any future risk of abduction. 4. Safe, e.g. The client has been prevented from leaving or returned to this State, and the SA no longer has access to the client, and protective measures have been put in place to prevent any future risk of abduction. 5. Thriving, e.g. NA.

Examples of Remedies with Consenting Clients:

- Accepts support from previously uninvolved family members or significant others.
- Accepts support from community agencies such as legal services.
- Accepts and is willing to work with law enforcement, and/or victim crime services.
- Accepts and is willing to implement a safety plan to address abduction.

Examples of Remedies with Incapacitated Clients – APS Worker, MDT member or other resource:

Not Conserved

- Involves and helps relatives or significant others pursue legal remedies, e.g. temporary conservatorship
- Considers pursuing a restraining order. **NOTE:** Refer to the accompanying Guide for information on APS Initiated Restraining Orders (AIRO) considerations.

Conserved

- Notifies Probate Court/Investigator.
- Notify and coordinate with conservator.

** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

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** Note: The outcome level alone should not be given undue weight or influence in determining the success of the case.

California Adult Protective Services

Service Plan Components, Standards, Guidance, and Best Practices

Service Plan Components:

The following are the required components of a Service Plan as noted in ACIN I-61-18 and the Adult Protective Services Manual of Policies and Procedures (33.535). The method of documenting these components is flexible. It is recommend that each county identify the process and method in which each of the components will be fulfilled and incorporated with consideration to the guidance and best practices documented below.

- Identification of priorities and desired outcome(s).
- Strategies and resources to be used to attain the desired outcome(s).
- Identification of services to be provided by APS or other agencies (document even those that vulnerable adult chooses not to accept).
- Planned contact frequency: If less often than 30 days a justification for the less frequent contact must be included.
- Expected length case will be open.

Standards: The following standards come directly from documents cited.

<u>APS Federal Consensus Guidelines</u> state: The goal of the service plan is to improve vulnerable adult safety, prevent maltreatment from occurring, and improve the vulnerable adult's quality of life. Service plans are monitored and changes can be made, with the vulnerable adult's involvement, to facilitate services to address any identified shortfalls or newly identified needs and risks.

<u>NAPSA Minimum Standards</u> state: The goal of the service plan is to make the vulnerable adult safer, prevent continued abuse, and improve his/her quality of life. Guiding Principles for APS Person-centered practice be followed when developing service plans:

- Respect the integrity and authority of victims to make their own life choices;
- Hold perpetrators, not victims, accountable for the maltreatment and for stopping their behavior. Avoid victim blaming questions and statements;
- Take into consideration victims' concepts of what safety and quality of life mean;
- Recognize resilience and honor the strategies that victims have used in the past to protect themselves; and

- Redefine success—success is defined by the victim, not what professionals think is right or safe.

NAPSA Minimum Standards state: for development of a voluntary service plan include the following four recommendations:

- Identify with the victim the factors that influence intervention risk and needs;
- Engage the victim and caregiver as appropriate in an ethical manner with useful strategies to develop mutual goals to decrease risk of maltreatment;
- Determine with the victim and other reliable sources (such as family members, friends and community partners) the appropriate interventions that may decrease risk of maltreatment; and
- In some cases, the use of a proper Domestic Violence Safety Planning tool is warranted.

NAPSA Minimum Standards for Involuntary Interventions state: The decision to take involuntary action is not to be taken lightly. Even though involuntary service planning involves a victim of abuse who lacks capacity, working with the individual requires the recognition that the individual also has many positive qualities and when possible may be able to contribute to the decision making process. Once the screening assessment indicates that a vulnerable adult may lack capacity a case plan is developed that addressed the risk and needs identified in the assessments and a formal process should be in place to:

- Determine when involuntary interventions may be indicated.
- Identify those situations where the vulnerable adult's immediate safety takes precedence over the vulnerable adult's right to self-determination.
- Explore the ethical issues in the worker's decision to use involuntary intervention.
- Identify the appropriate resources needed to be able to implement an involuntary case plan.
- Develop and defend an involuntary intervention plan.
- Have in place a systematic method to continue to provide protective services to those vulnerable adults who are being provided protective services.

Guidance & Best Practices:

When to develop a service plan?

- APS Worker should be prepared to create a service plan on the first visit. Service plan is developed based on the assessment.
- Best practice to complete service plan whenever necessary to enhance safety or impact a safety concern.

When might you not do a service plan?

- When the vulnerable adult refuses and appears to have capacity to do so.
- Vulnerable adult willing to participate or discuss investigation but does not participate in assessment.
- Assessment reveals low risk for vulnerable adult
- There is no linking to services or follow-up needed based on assessment.
- Not necessary on an NTD case.

Vulnerable adult consent is obtained.

- Consent to participate in the service plan can be obtained verbally or in writing.
- If consent is obtained verbally, the APS Worker must document the agreement.
- If the vulnerable adult is unable to give consent, then document that the service plan is for the purpose of involuntary service planning.

Involuntary service plans are used in cases in which the vulnerable adult is unable to consent to services or interventions and there is an identified risk based on the assessment. Involuntary Interventions are defined as interventions initiated by APS Workers without consent of the vulnerable adult for the purpose of safeguarding the vulnerable adult at risk of maltreatment. A high level of risk is the most important consideration in determining whether an involuntary intervention is necessary. In these cases the APS worker must consider the vulnerable adult's capacity and the risk factors present. They are employed when one of the following criterion is met:

- When the vulnerable adult lacks capacity
- When the vulnerable adult has a medical emergency that impacts their capacity.
- When the vulnerable adult is a danger to themselves or others because of a mental health issue.

Supervisor approval of plan within 5 days of completion. Adjustments can be made to plan if supervisor deems necessary and vulnerable adult must be informed when the vulnerable adult has agreed to the plan already.

M**onitoring of plan:** Case file must include documentation of service plan progress, success, problems or changes to the plan, per individual county process.

Interns may not sign the service plan. The APS Worker is the responsible party for the service plan but intern may participate in the development.

Timeframe for plan. Must be developed within 30 calendar days of the initial in person contact (does not mean one is not needed if case closed within 30 days).

References:

Administration for Community Living, (2016). *Voluntary Consensus Guidelines for State Adult Protective Service.* Washington, DC: US Department of Health and Human Services Administration for Community Living.

National Adult Protective Services Association (2013). *Adult Protective Services Recommended Minimum Program Standards,* developed by the NAPSA Education Committee (September, 2013), and adopted by the NAPSA Board of Directors (October, 2013).

State of California Department of Social Services. *Manual of Policies and Procedures Adult Protective Services Program*

ACIN I-61-18 *on Service Plans*

California APS Standards for Biopsychosocial Assessment - GUIDE

I. Biopsychosocial Risk Assessment

a. The Biopsychosocial Assessment is a main component in the APS worker's role and responsibility to protect elderly and dependent adults who are found through the APS investigation of the report of abuse to be in need of protective services. (Per CDSS MPP Sec. 33-525 "The case assessment shall be completed as soon as appropriate for the elder or dependent adult, depending on the risk involved, but no later than 21 calendar days from the date of the initial in-person contact with the client.").
b. The Adult Protective Services Biopsychological Assessment looks into the client's capacity and ability to protect oneself. It is a strengths-based approach that focuses on relationships between behaviors and surrounding events—those events that elicit or maintain problematic behaviors.
c. The client's present functioning is examined in relationship to biopsychosocial factors, as well as the client's environment and interacting systems. **A strengths-based assessment assumes that clients have the capability to reorganize their lives, as long as they have appropriate family, community, societal, and environmental resources and supports.**
d. The biopsychosocial assessment incorporates information obtained through investigative interviews with the client, collaterals, alleged abusers and others, and through the gathering of documents.
e. In conducting a Biopsychosocial Assessment, the following considerations will assist the APS Worker in gathering the most meaningful information:

   i. *Identification of Risks*
      a) In conjunction with the APS investigation, the Biopsychosocial Assessment helps to identify any immediate and ongoing risk factors.
      b) The client's decision-making capacity and ability to protect themselves and willingness to be involved in the problem-solving process is assessed.

   ii. *Strength-Based Approach*
      a) The Biopsychosocial Assessment is a strengths-based approach that focuses on relationships between behaviors and surrounding events—those events that elicit or maintain problematic behaviors and identifies the areas in the client's life that are working well.
      b) A strengths-based assessment assumes that clients have the capacity to reorganize their lives, as long as they have appropriate family, community, societal, and environmental resources and supports.

   iii. *Investigative Information*
      a) The Biopsychosocial Assessment incorporates information obtained through investigative interviews with the client, collaterals, alleged abuser and others, and through the gathering of documents.

   iv. *Environmental Systems*
      a) This assessment describes the client's ability to manage in his or her environment.
      b) It serves to identify the gap in services or resources necessary to help the client get out of harm's way.

c) The Biopsychosocial Assessment identifies the protective mechanism that will keep the client safe once APS is no longer involved.

v. Biopsychosocial Factors

a) The client's present functioning is examined in relationship to biological, psychological and social factors, and their complex interaction.

f. Once completed, the Biopsychosocial Assessment, in conjunction with an evaluation of safety leads to the development of a meaningful Service Plan with the client, or on behalf of the client.

II. Biopsychosocial Assessment Matrix

a. The Biopsychosocial Assessment Matrix is a tool to assist the APS worker identify the areas in the client's situation that need to be considered and addressed for the client's safety and wellbeing.
b. The matrix contains specific descriptions of the biological, psychological and social factors to be explored and evaluated with the client.
c. There are also detailed definitions to describe the client's current functioning including "in-crisis"," vulnerable", "not an issue" for each type of abuse or neglect identified (Refer to attached "Matrix").

III. Biopsychosocial Assessment Narrative

a. The Biopsychosocial Assessment narrative contains specific information about the client's functioning and needs in the main categories of the client's life.
b. This assessment includes any issues regarding the Suspected Abuser affecting areas of the client's functioning and safety.
c. The APS worker completes the narrative for the following areas, including as much information as possible in each category, in order to provide a thorough representation of the client's situation and functioning.

i. The APS worker is to assess how the following information pertains to the safety and risk of abuse or neglect.
ii. If information is not available to address the categories, the APS worker is to indicate the reason. The narrative categories are as follows:

a) MEDICAL CONDITION, and how it pertains to the allegation of abuse or neglect. Please describe the issues (if any), how the client is coping, and if there is any unmet need. Assess client knowledge and understanding of any diagnosed medical ailment, and inquire into any medical concerns of the client:

A. Physical description
(1) Age, gender, and appearance (appears to be malnourished or dehydrated)
B. Medical condition
(1) Medical diagnoses, client's medications and medication compliance.
(2) Hospitalizations within last 6 months.

(3) Organic causes of cognitive impairment, e.g. dementia, delirium, TBI.

C. Physical functioning. Ability to:
 (1) Practice personal hygiene.
 (2) Carry out ADLs
 (3) Carry out IADLs
 (4) See, hear, touch, smell.

D. Indicate and document:
 (1) Client's health care coverage, and whether client is Medi-Cal eligible.
 (2) Whether client is on special diet.

b) COGNITIVE / PSYCHOLOGICAL STATUS and how it pertains to the allegation of abuse or neglect. Please describe the issues (if any), how the client is coping, and if there is any unmet need. Assess client motivation, attitude, problem-solving ability, openness to different ways of thinking. Areas to explore are:

A. Alertness and attention
 (1) Levels of arousal
 (2) Orientation: Person, Time, Place, and Situation

B. Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle). Information processing. Ability to:
 (1) Remember (Immediate recall, Short and Long term memory.
 (2) Understand and communicate either verbally or otherwise.
 (3) Recognize familiar objects and persons.
 (4) Understand and appreciate quantities
 (5) Reason using abstract concepts.
 (6) Plan, organize, and carry out actions in one's own rational self-interest.
 (7) Reason logically.

C. Thought disorders
 (1) Severely disorganized thinking.
 (2) Hallucinations
 (3) Delusions
 (4) Uncontrollable or intrusive thoughts

D. Ability to modulate mood and affect.

E. Pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances: Anger, Euphoria, Helplessness, Anxiety, Depression, Apathy, Fear, Hopelessness, Indifference, Panic, and Despair.

F. Suicidal ideation.

G. Psychiatric History. For example, history of Trauma and psychiatric hospitalization, suicidal history.

*H. **Note:** The APS worker is not expected to carry out clinical health or diagnostic assessments, but screens for indicators of impairment, and, as needed, refers the client to qualified professionals, physicians, or neuropsychologists to administer thorough evaluations.*

c) CAREGIVER, HOUSING, AND SUPPORT SYSTEMS and how it pertains to the allegation of abuse of abuse or neglect. Please describe the issues (if any), how the

client is coping, and if there is any unmet need. Assess client's housing and living arrangement, social connectedness and interactions, client's ability and willingness to participate in problem solving. Areas to explore are:

A. Housing
   (1) Place of residence.
   (2) Housing security.
   (3) Appropriateness of housing in meeting the client's functional needs.
B. Social Description
   (1) Living Arrangement
   (2) Caregiver and Support Systems, adequacy of caregiver.
   (3) Significant relationships, gatekeeper availability.
   (4) Support networks, e.g. religious affiliations, memberships in community, volunteering, employment, neighbors.

d) ENVIRONMENTAL SAFETY and how it pertains to the allegation of abuse or neglect. Please describe the issues (if any), how the client is coping, and if there is any unmet need.

A. Environmental Factors
   (1) Accessibility, durable medical equipment, home modifications.
   (2) Safety hazards, non-operational utilities.

e) FINANCES / LEGAL FACTORS and how it pertains to the allegation of abuse or neglect. Please describe the issues (if any), how the client is coping, and if there is any unmet need.

A. Finances / Legal Factors
   (1) Income source, bank information, ability to pay bills, problematic expenses, restraining orders, police reports, signed ROI. Assets, personal property, real property (e.g. rent or own?).
   (2) Fiduciary services, Rep Payee, DPOA or POA, attorneys involved, conservatorship of person, estate, limited, or LPS.

f) CONCERNS OF SIGNIFICANT OTHERS how it pertains to the allegation of abuse of abuse or neglect. Identify any concerns or needs of client's family, household members, or other significant individuals (when appropriate).

IV. From Biopsychosocial (or Needs) Assessment to Service Plan

a. Based on the Needs Assessment, what actions and resources are needed?

b. Setting goals, steps, roles and timelines with client or significant other. ***(Refer to 2.13: Service Plan Components, Standards, Guidance and Best Practices of the CWDA APS Guidelines to Supplement Regulations:*** *https://cwda.org/formguidelines/adult-protective-services-consistency-guidelines**)***

c. **IMPORTANT:** Safety should not end with APS closing the case.

V. References: CDSS MPP Section 33-525

California APS Standards for Biopsychosocial Assessment - Matrix

Key: Client = elder and/or dependent adult

Biopsychosocial Assessment Matrix

Refer to the accompanying Guide for help in using this Matrix

Biological

Assess client knowledge and understanding of any diagnosed medical ailment, and inquire into any medical concerns of the client:

A. Physical description
- (1) Age, gender, and appearance (appears to be malnourished or dehydrated)
- (2) Sexual orientation and gender identity.

B. Medical condition
- (1) Medical diagnoses,
- (2) Hospitalizations within last 6 months.
- (3) Organic causes of cognitive impairment, e.g. dementia, delirium, TBI.

C. Physical functioning. Ability to:
- (1) Practice personal hygiene.
- (2) Carry our ADLs
- (3) Carry out IADLs
- (4) See, hear, touch, and smell.

D. Indicate and document:
- Document if there are bedsores or an indication of developing bedsores from immobility.
- Note the name and telephone number of client’s physician(s) and any other health care providers.
- List the client’s medications and medication compliance.
- Document client’s health care coverage, and whether client is Medi-Cal eligible, if so, whether client was given a Medi-Cal application.
- Document whether client is on a special diet.

Psychological

Assess client motivation, attitude, problem-solving ability, openness to different ways of thinking. Areas to explore are:

A. Alertness and attention
- (1) Levels of arousal.
- (2) Orientation: Person, Time, Place, and Situation.
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle).

B. Information processing. Ability to:
- (1) Remember (Immediate recall, Short and Long term memory.
- (2) Understand and communicate either verbally or otherwise.
- (3) Recognize familiar objects and persons.
- (4) Understand and appreciate quantities.
- (5) Reason using abstract concepts.
- (6) Plan, organize, and carry out actions in one's own rational self-interest.
- (7) Reason logically.

C. Thought disorders
- (1) Severely disorganized thinking.
- (2) Hallucinations
- (3) Delusions
- (4) Uncontrollable or intrusive thoughts.

D. Ability to modulate mood and affect. Pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances: Anger, Euphoria, Helplessness, Anxiety, Depression, Apathy, Fear, Hopelessness, Indifference, Panic, and Despair.

E. Psychiatric History. For example, history of Trauma and psychiatric hospitalization, suicidal history.

Social

Assess client’s housing and living arrangement, social connectedness and interactions, client’s ability and willingness to participate in problem solving. Areas to explore are:

A. Housing
- (1) Place of residence.
- (2) Housing security.

B. Social Description
- (1) Living Arrangement.
- (2) Caregiver and Support Systems, adequacy of caregiver.
- (3) Were the Sexual Orientation and Gender Identity (**SOGI**) questions posed directly to the alleged victim for self-identification, and client information updated if necessary.
- (4) Significant relationships, gatekeeper availability.
- (5) Support networks, e.g. religious affiliations, memberships in community, volunteering, employment, neighbors.

C. Environmental Factors
- (1) Accessibility, durable medical equipment, home modifications.
- (2) Safety hazards, non-operational utilities.

D. Finances / Legal Factors
- (1) Income source, bank information, ability to pay bills, problematic expenses, DPOA or POA, attorneys involved, restraining orders, police reports, signed ROI.
- (2) Assets, personal property, real property (e.g. own home).

E. Alleged Abuser(s): Relationship to client, physical and social description, access to client, view of the situation, legal or criminal issues.

Biopsychosocial Assessment Matrix

Refer to the accompanying Guide for help in using this Matrix

Initial Level of Harm*	**Biological**	**Psychological**	**Social**
How does your biopsychosocial assessment (reference p. 1) impact the level of risk? 1. In-Crisis. 2. Vulnerable. 3. N/A - Not alleged and no evidence of harm. (Refer to Outcome Level for definitions)	**1. In-Crisis:** **Client is highly likely to experience imminent or serious harm, such as hospitalization, nursing home placement, being left without resources, or death, without intervention.** Self-Neglect –e.g., unable to manage basic self-care, such as Activities of Daily Living (ADLs), and unable to meet urgent medical needs, extreme hoarding and squalor, and believed to be substantially mentally impaired, etc. Neglect by Other –e.g. caregiver or support person is unable or unwilling to meet the client's most immediate health and safety needs, like water and food, life supporting medication, leaving a bed-bound client alone or unattended, not obtaining urgent medical care, etc. Abuse by Other –e.g., there are injuries needing immediate medical attention and protection, the client is fearful for his/her immediate welfare, the suspected abuser has access to the victim and poses a continued immediate threat of abuse (physical, sexual), etc. Financial –e.g., imminent loss of property, assets, caregiver has access to client's account through ATM Cards, online, and the loss is currently compromising the client's food, shelter, medical care, or access to caregiving services, client is actively transferring funds by wire or mail, hemorrhaging of funds! **2. Vulnerable:** **Although the client is not experiencing imminent or serious harm, s/he might be at risk for future harm, due to the presence of high-risk alleged abuser(s) or client risk factors:** Self-Neglect –e.g., unable to manage basic Instrumental Activities of Daily Living (IADLs), like bill-paying and money management and not understanding the consequences, absence of primary care when suffering from a chronic medical condition, lack of consistent and regular care, and believed to be suffering from abnormal mental functioning, unable to advocate or navigate systems for support. Neglect by Other –e.g. caregiver or support person is unable or unwilling to provide the client with food, clothing, shelter, meet the client's medical needs, protect the client from health and safety hazards, or to prevent malnourishment or dehydration, etc. Abuse by Other –e.g., there are threats to client's personal safety and welfare, history of abuse, the caregiver's ability to provide care is compromised, there is psychological abuse/mental suffering, etc. Financial –e.g., potential loss of property and assets, living arrangement that prevents the client from meeting his/her financial obligations, history of financial abuse, etc.		

<table>
<tr><th colspan="4">Biopsychosocial Assessment Matrix
Refer to the accompanying Guide for help in using this Matrix</th></tr>
<tr><th></th><th>Biological</th><th>Psychological</th><th>Social</th></tr>
<tr><td>POSITIVES (POS) – What's working well?
• Coping ability
• Ability to adapt
• Available Supports</td><td colspan="3">Assess what in the client's life is working well, that could help address or minimize the risk of the abusive situation.
<u>Self-Neglect</u> –e.g., client has supportive relationships who are engaged in problem solving, and in helping with client's needs; the client has insight on the issue and is receptive to assistance, like being open to planning for change, engaged in the process; the client has capacity to make their own decisions; resources (financial, benefits, long-term care insurance, public assistance); receiving regular medical care and medical assessments).
<u>Neglect by Other</u> –e.g., caretaker has supportive relationships who are engaged in problem solving, and in helping with client's needs; the caretaker and/or client has insight on the issue and is receptive to assistance, like being open to planning for change, engaged in the process (caretaker is willing to receive respite or psychoeducation); the caretaker and/or client has capacity to make their own decisions; resources (financial, benefits, long-term care insurance, public assistance); client is receiving regular medical care and medical assessments); caretaker is not willful or intentionally neglecting; the absence of suspected abuser risk factors.
<u>Abuse by Other</u> –e.g., the client has the ability to exercise self-protection; suspected abuser has no longer contact with the client; availability of other gatekeepers for monitoring the situation and safety of the client (visiting relatives, home health, case managers, new caregiver present, going to the doctor); the suspected abuser is not willful in the abuse; the suspected abuser is willing to receive counseling; the suspected abuser has case management and engaged in addressing their own issues.
<u>Financial</u> –e.g., the client has a designated representative that is reliable and willing to intervene (POA, successor trustee or trustee, representative payee); the client has the capacity to make their own decisions, and the ability to protect their estate.</td></tr>
<tr><td>NEGATIVES (NEG) – What are the influencing factors that perpetuate the abuse?</td><td colspan="3">Assess what in the client's life is not working well, that perpetuates the abusive situation.
<u>Self-Neglect</u> –e.g., the client has little or no insight into what is harming him/her (ability to maintain food, clothing, shelter, medical care, their finances and environment—like no paying the rent or utilities).
<u>Neglect by Other</u> –e.g., the caretaker has no resources (poverty, too little to afford resources and too much to qualify for public assistance); the client has substantial behavioral issues (like anger issues, wondering at night, substance abuse), geographic isolation (rural areas where there are no services around).
<u>Abuse by Other</u> –e.g., the client has little ability to exercise self-care and self-protection, the suspected abuser has access to the client, no gatekeepers to monitor the current situation, the suspected abuser has substance abuse, anger or mental health issues that daily affect the client, client is dependent on the abuser or the abuser is dependent on the client, alleged abuser is resistant to services.
<u>Financial</u> –e.g., client doesn't have the capacity to protect their state and make decisions (like being of unsound mind, but not entirely without understanding and unwilling to remove or change a POA), client's understanding of financial situation is compromised because of undue influence, the suspected abuser having access or control of the personal or real property.</td></tr>
</table>

Biopsychosocial Assessment Matrix

Refer to the accompanying Guide for help in using this Matrix

	Biological	**Psychological**	**Social**
NEEDS Assessment 1) How can we use the POSITIVES to reduce the effects of the NEGATIVES? 2) What are the remaining unmet needs that would endanger the client's safety?	**Assess and describe what is needed to increase his/her ability for self-care and self-protection.** Self-Neglect – 1) e.g., Using the positive relationships engaged in problem solving (POSITIVES), bring them in to help the client understand their situation and provide support, and worker can provide psychoeducation and discussion of resources. 2) e.g. the client still lacks transportation to make it to medical appointments. Neglect by Other – 1) e.g., A) Help the good intentioned caretaker (POS) without resources (NEG), connect with services, expand awareness and education on caregiving issues; B) for a suspected abuser who is intentionally neglecting, assist the client to obtain a competent caregiver; C) with a client with behavioral issues (NEG), but with financial resources or supportive relationships (POS), link to behavioral health services, like private pay or primary care for insurance. 2) e.g., the caretaker still cannot help client access the bathtub due to the client's mobility issues, hence preventing the needed personal hygiene. Abuse by Other – 1) e.g., engage willing family members as gatekeepers (POS) to help the client remove the suspected abuser, who is dependent financially on the client (NEG), by discussing options and resources to help them accomplish that. 2) e.g., a restraining order, and a significant other or resource to enforce it, are needed to keep the suspected abuser away and the client safe. Financial – 1) e.g., A) help the named and willing successor trustee (POS) step up as trustee, by linking them to the appropriate affordable legal services to protect the client's property from the suspected abuser who is a current trustee; B) help a willing client (POS) change bank account when family member has been using their debit card (NEG) to withdraw their money for the suspected abuser's own benefit. 2) e.g., the client has no money to pay the overdue rent, due to the recent misappropriation of assets.		
Service Planning	• Based on the Needs Assessment, what actions and resources are needed? • Setting goals, steps, roles and timelines with client or significant other. ***(Refer to 2.13: Service Plan Components, Standards, Guidance and Best Practices of the CWDA APS Guidelines to Supplement Regulations:*** *https://cwda.org/formguidelines/adult-protective-services-consistency-guidelines* ***)*** **IMPORTANT:** Safety should not end with APS closing the case.		

Why is consistency in findings important?

Consistency in determining findings across the state is important, because it allows collected data to be analyzed at the state and national levels, which helps to better understand APS programs and the populations we serve. It also helps to identify trends in the issues currently facing the elderly and people with disabilities. This data can also be used to help create and support legislation and research designed to benefit Adult Protective Services (APS) programs and vulnerable adults nationwide. In addition, consistent findings helps ensure that the same client with the same allegation in San Diego County and El Dorado County will have the same finding, which would lead to an appropriate service plan or interventions as necessary. This demystifying on findings is to help address some of the myths and misinformation about findings, so that the Consistency in Determining Findings training and use of the Essential Defining Elements can be applied (of course) more consistently!

In California, per All County Letter 18-146, the APS program must use one of these findings: Unfounded, Inconclusive and Confirmed. Moreover, the Not Applicable finding is an option for a No Ten Day (NTD), only when the other findings are not appropriate. The Consistency in Determining Findings Class will help you gain the skills needed to determine the appropriate finding. As you read each section, please note that the *Consistency in Determining Findings Matrix, Guide and Class* will help you gather the information and context necessary for you to assess if the evidence meets the Essential Defining Elements criteria for that type of abuse and finding. *Remember,* "t*here's no one recipe."*

The Consistency in Determining Findings Matrix, Guide and Class will teach you how much information or evidence you need for a specific finding of abuse, including the quality of that information. In addition, in California the APS program may obtain or access information relevant to an incident of abuse in order to determine the service needs. The class will help you gather the information and context necessary for you to assess if the situation meets the criteria of a specific type of abuse, and the appropriate finding.

Findings are based on preponderance of evidence. This means, having more evidence (or higher quality evidence) in favor of an allegation than not in favor, i.e., an objective review of the evidence revealing that the alleged abuse more likely occurred than not. "Confirmed" can be thought of as 51% or greater likelihood of supporting all legal elements based on using preponderance of evidence as the standard of proof. Confidence in the evidence to arrive at a finding grows as both the quality and quantity of the evidence grows. At times, we just don't have as much evidence as we would like to, but we are still determining findings based upon the definition of preponderance of evidence. This real-life challenge mirrors some of the scenarios in the Consistency in Determining Findings instructor-led training, where there is room left wanting to know more.

Remember, findings are a combination of both judgment and a reasoned approach. They are based upon the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and the evaluation of those facts by the APS worker using their expertise, experience, and training. When uncertainty remains, the worker should consult with their immediate supervisor or manager.

Three frequently asked questions by APS Workers

1. Are there universal guidelines for arriving at a finding?

Answer: Yes. These universal guidelines for APS Workers in California can be found under sections 2.1, 2.2, and 2.3 of the CWDA's Adult Protective Services Consistency Guidelines (hereafter referred to as "Guidelines") found here:
https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines

2. Is there a universal definition of investigation for APS in California?

Answer: Yes. The California Welfare and Institutions Code (WIC) defines an APS investigation as follows:

⇨ **Definition of Investigation –** WIC 15610.40. "'Investigation' means that activity undertaken to determine the validity of a report of elder or dependent adult abuse."

NOTE: Even when the client is no longer at risk by the time you conduct your investigation, you are determining whether what was alleged likely happened or not. During your investigation, you may find out that the client may no longer be abused or at risk of abuse.

3. When my county's historical practice differs from the Consistency in Findings Matrix, how do I proceed?

Answer: Please refer your county's leadership to the CWDA's Guidelines, which are intended to promote consistency in practice under a realigned APS program:
https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines

Myth Buster

I. General Myths

1. When the report alleges elder or dependent adult abuse in the past, but the abuse is currently not happening, you cannot have a finding of confirmed or unfounded.

   FALSE When the report alleges past abuse, you can make a determination regardless of timeframe of abuse.

2. If by the time I investigate the report, the suspected abuser is no longer in contact with the client, I cannot have a finding of confirmed or unfounded. For example, if the Suspected Abuser is the IHSS Provider, who is no longer the client's provider.

FALSE When the report alleges abuse, you can make a determination even if the abuser is no longer involved nor has access.

3. I was told that APS can have a finding of confirmed or unfounded only when it is cross-reported to us by law enforcement.

   FALSE APS is mandated to investigate an allegation of abuse as defined in the WIC, and have a finding of confirmed, inconclusive or unfounded *(or in the case of NTD, a finding of Not Applicable),* and should not be influenced by law enforcement's response to the finding.

4. In order to have a finding of Confirmed, I have to be very sure that the abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong.

   FALSE The role of the APS worker is to look at the facts and see if they meet the defining elements of the type of abuse, by following an APS appropriate investigation. The Training on Consistency in Determining Findings will help determine if an allegation should be confirmed. Remember, findings should not be influenced by possible repercussions for a suspected abuser as a consequence of the finding, nor should they be influenced by the possibility of a future abuser registry.

5. I can have a finding of unfounded or confirmed even when I did not interview the suspected abuser.

   TRUE If the evidence meets the Essential Defining Elements, you may have a finding of confirmed, even if you have not interviewed the suspected abuser.

II. Myths on Confirmed Findings

6. You can only use "Confirmed" when the client confirms abuse, unless the client has memory impairment and it is clear that the stories provided by the client are implausible.

   FALSE You arrive at a finding based on training and evidence (see intro paragraph), e.g., often victims of abuse may deny or not disclose allegations.

7. Confirming an allegation is done when there is evidence—such as facts or observations—that meet the Essential Defining Elements of that type of abuse.

   TRUE Findings should be based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred. There are multiple types of evidence. Please refer to the Guidelines—Guiding Principles section on "Types of Evidence."

8. I confirm an allegation when the client confirms the abuse, but may also be contributing to the problem. For example, when the client confirms being abusive to the suspected abuser.

   TRUE Findings should be made based upon the social worker's evaluation, regardless of the client's possible contribution to the situation.

III. Myths on Inconclusive Findings

9. Inconclusive is the safest finding when client denies the abuse.

   FALSE There are different reasons why the client might deny the abuse; a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser. Where possible, evidence should be gathered from more than one source.

10. "Inconclusive" is only selected when there is not enough evidence, or sufficient client cooperation, to determine a finding of "Confirmed."

    IT DEPENDS A finding of "inconclusive" is appropriate when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect. Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.

11. "Unfounded" is not an adequate selection, and "Inconclusive" should be used instead as "a way to stay on the safe side of things."

    FALSE **"**Unfounded" should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.

12. The reason we use "Inconclusive" most of the time is because we were encouraged in training to use this finding unless we have confirmed allegations. Therefore, this finding is used for all cases unless allegations were confirmed.

    FALSE The Guidelines were developed to assure that counties were consistent in determining findings. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect. Findings should be based upon the facts/information gathered by the APS worker that are related to the essential elements of the

abuse alleged, and the evaluation of those facts by the APS worker using his/her expertise, experience, and training.

13. If I use "Inconclusive" then this will "take away" from the services I provide.

FALSE Services offered depend on your assessment, service plan, and client need, and not on whether you have a finding of Inconclusive.

IV. Myths on Unfounded Findings

14. Unfounded cannot be used as a finding determination. I've been trained or told that we cannot use Unfounded as a reason.

FALSE The Guidelines were developed to assure that counties were consistent in determining findings. **"**Unfounded" should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. Findings should be based upon the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and the evaluation of those facts by the APS worker using his/her expertise, experience, and training.

V. Evidentiary Challenges

15. I can have a finding of Unfounded or Confirmed when I have difficulties acquiring evidence. For example, I only have the client's statement, but no access to collateral contacts, or I am unable to obtain the needed information like medical records, financial records, or criminal history.

TRUE Findings are based on preponderance of evidence. This means, having more evidence (or higher quality evidence) in favor of an allegation than not in favor, i.e., an objective review of the evidence revealing that the alleged abuse more likely occurred than not. "Confirmed" can be thought of as 51% or greater likelihood of supporting all legal elements based on using preponderance of evidence as the standard of proof.

16. I cannot have a finding of Unfounded or Confirmed when the client has cognitive, developmental or mental health issues making their statement unreliable, and I am unable to observe the physical evidence (e.g., a bruise or decubiti).

FALSE As just mentioned above in number 15, findings are based on preponderance of evidence, i.e., having more evidence (or higher quality of evidence) in favor of an allegation than in not.

17. You can confirm a case when you don't see any bruises or there is no physical evidence, e.g., when the client says that the physical abuse occurred, but there is no physical evidence.

TRUE In general, believe the client, especially when they recount or describe abuse suffered. Approach the investigation and assessment with an open mind. Where possible, evidence should be gathered from more than one source.

VI. Client Participation and Capacity

18. If the client says that the abuse did not happen—or retracts their statement, "lacks capacity," or becomes uncooperative—but the evidence confirms the allegations, you could have a finding of confirmed.

TRUE Your finding is not exclusively dependent on the client's statement, but on the direct or indirect evidence that you gathered through your investigation.

19. If, during an APS investigation, the client alleges IHSS fraud by the provider claiming hours they did not work, and the client did not authorize the timesheet, but the next day the client withdraws the allegation saying they were mad at the provider, then the allegation is unfounded.

IT DEPENDS If the nature of the evidence that led to your original finding has changed, then you would need to reassess whether you still have the evidence needed to meet the Essential Defining Elements for that type of abuse.

VII. Financial Abuse

Note: Part of your consideration in looking at Financial Abuse, is assessing for Financial Self-Neglect and Abuse by Other.*

20. I can confirm financial abuse when the suspected abuser is not known to the client, and the financial institution has resolved the issue. For example, a scam involving identity theft.

TRUE We are investigating the allegation, and the evidence could meet the Essential Defining Elements of Financial abuse.

21. I can have a finding of Confirmed when the client believed the scam, but another party intervened to prevent the scam from happening. For example, the financial institution convinced the client not to withdraw money for an IRS scam.

***FALSE** Even when the evidence does not meet the Essential Defining Elements of Financial Abuse by other, **you could suspect financial self-neglect and confirm that**, and tailor the appropriate services to assist the client. Even if the scam did not go through, and the allegation of abuse by others was therefore Unfounded, the client may still be at risk for a future scam. Additionally, the SOC 242 Report captures any reported scams.

22. I can have a finding of Unfounded, if the client recognized a scam, and did not participate in it (e.g., a lottery scam), and there was no financial loss.

    TRUE Even if the scam did not go through, the client may still be at risk for a future scam, and screening for financial self-neglect is appropriate. And as mentioned above, the SOC 242 Report captures any reported scams.

23. I can have a finding of Unfounded when the client continues to participate in a scam (e.g., Lotto, Granny/IRS/computer virus Scam), even when they've been explained that it is a scam and how it works, and I do not suspect cognitive incapacity, but rather poor decision-making; OR the client was reimbursed by the bank or recovered the money in another way.

    FALSE If the client has sent money to the scammer, then abuse by other happened, and therefore the finding is not dependent on the client's willingness to participate (or capacity), but on whether the situation meets the Essential Defining Elements of Financial Abuse found in the Consistency in Findings Matrix. In addition, you would assess for Financial Self-Neglect.

24. APS receives a report that a caregiver stole from a client. The client has no proof, and the investigation yields no proof nor likelihood that it happened; yet the client is adamant that items were stolen. There is no history nor suspicion that the client suffers from mental health issues. I should confirm the allegations.

    FALSE Findings are not exclusively dependent on the client's statements, nor their mental health/cognitive status, even if the client suffers from mental health issues. If the findings of your investigation do not yield information to support the Essential Defining Elements of Financial Abuse, then you would arrive at a finding as described by the Matrix, Guide, and the Consistency in Findings class.

25. Let's say that the Client engages in a financial agreement (e.g., loan, investment, business opportunity) with a Suspected Abuser or another party, and promissory notes are written or communication is exchanged between both parties. The Suspected Abuser or other party initially makes payments (e.g., monthly/quarterly) to the client, but shortly thereafter stops making the payments. This is considered financial abuse on the part of the Suspected Abuser or other party.

    IT DEPENDS For instance, you may determine that the situation does not meet the definition of financial abuse (e.g., party cannot make repayments, or the agreement is not being fulfilled), and the client might be referred to other appropriate remedial services. Yet, if the situation meets the defined criteria (e.g., undue influence, the client suffers from impaired decision making, etc.) the training materials—along with appropriate MDT discussions—could help you determine if the Essential Defining Elements are met for a finding of Confirmed.

26. Client has a family member who evidently preys on client due to beginning stages of dementia or cognitive decline. The client denies financial abuse and reports giving money willingly to the Suspected Abuser, but the client falls behind on paying bills, mortgage/rent, and in attaining essential food; therefore, placing the client's own health and safety at risk. Financial abuse by the Suspected Abuser is Confirmed.

    TRUE This scenario illustrates how the client is being harmed and impacted by the situation, and it meets the Essential Defining Elements of the abuse.

27. When the client is alert and oriented and provides extra or reportedly excessive gifts and money to her privately paid caregiver, this is not financial abuse.

    IT DEPENDS You would need to screen for decisional ability, and assess other considerations such as the extent of the client's estate, the client's lifestyle and lifelong pattern, the length and nature of the relationship with the caregiver, the presence or absence of involved family, if the client is still able to meet their financial needs and obligations, obtain desired amenities, and maintain their lifestyle. Depending on the evidence found during the assessment and investigation, this may be considered Unfounded, Inconclusive, or even Confirmed, particularly if the client is being unduly influenced.

28. When the client has a joint bank account with the Suspected Abuser, who reportedly withdraws monies from the account, then there is no financial abuse because both parties are joint owners of the account.

    IT DEPENDS For instance, you would need to look into the timing and sequence of events, the reason the joint account was set up, screen for undue influence, and assess other considerations. Even when this might not meet a criminal standard, it could meet the civil standard of financial abuse.

VIII. Neglect

29. If the client suffers a fall, or health complications, or a crisis while the primary caregiver (e.g., a family member) is not home due to running an errand or time off, and the client is hospitalized as a result, then this would this be considered neglect on the part of the caregiver.

    IT DEPENDS For example, there might be circumstances that explain the situation, such as is this a pattern or an isolated event, the level of care that the client needs (like stand-by vs. hands on care), etc. The evidence might be more likely to support a finding of Confirmed if the caregiver is paid and the crisis/injury occurred during a paid shift.

30. The client arrives at the hospital with serious medical concerns, somewhat dirty with feces dried to buttocks. The hospital calls APS to report suspected neglect. Upon the APS worker's arrival at

the hospital, the client's attending physician fails to offer an opinion as to neglect or general progression of an existing disease process. Also, the client and the Suspected Abuser deny poor care. Because we don't have a medical opinion confirming neglect, then I cannot confirm neglect.

IT DEPENDS For example, the client's home environment could reveal concerns that support neglect by other, including self-neglect. You need to assess the overall condition of the client when brought to the Emergency Department and the signs of neglect by other represented by the condition of the client. It is not always necessary to have the medical opinion, if there is other compelling evidence of neglect.

IX. Physical Abuse

31. APS receives a report that the client's caretakers are using drugs in front of the client, who is developmentally delayed. The report also alleges that the client is given drugs. When the client is asked if they have been using drugs, the client shakes their head as in saying no, but gestures how to smoke from a pipe. Also, the Suspected Abuser is denying the allegations. Because of this, we cannot confirm the abuse.

FALSE Just because the client denies the physical abuse, does not mean that the alleged abuse did not happen. The finding should be based on the social worker's investigation and assessment of the available evidence.

X. Sexual Abuse

32. The client no longer wishes the caregiver to provide needed personal care, because during a previous personal care session the client became aroused. The client now is alleging sexual abuse, therefore we can confirm sexual abuse.

IT DEPENDS The client's statement alone is not sufficient to confirm sexual abuse, and a proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of sexual abuse.

33. APS received a report that a developmentally delayed adult was sexually abused. They are unable to verbalize the abuse, and the Suspected Abuser is denying the allegation. Therefore, you cannot confirm sexual abuse.

FALSE Just because a vulnerable adult cannot relate what happened to them, does not prevent you from pursuing an investigation to gather the evidence that you need to meet the Essential Defining Elements of sexual abuse. You may pursue the investigation, gather more information and evidence, including but not limited to prior report history, physical/medical such as marks, abrasions, etc.

The Matrix offers a variety of signs and indicators of sexual abuse to guide your investigation.

XI. Self-Neglect

34. If the client choses to be homeless, as a lifestyle choice (and exercising their constitutional right to self-determination), then self-neglect would be Unfounded, as long as the client continues to obtain essential food, clothing, medical care, and manage their moneys.

TRUE Self-neglect would be Unfounded if there is no question about the client's decisional capacity in reference to lifestyle choices and they are meeting their basic needs. Some counties may have programs designed to specifically serve the homeless population, whereas others may not. Therefore, the level of engagement of APS with the homeless population may be based on local practices.

XII. Psychological Abuse

35. If the client is the only one reporting verbal abuse, and no one else corroborates, then the mental suffering is unfounded.

IT DEPENDS You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser.

36. When the client engages in arguments with close family members (e.g., husband, wife, son, caregiver, etc.) and reports psychological abuse, we cannot confirm mental suffering.

IT DEPENDS You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser. The social worker should also assess for caregiver stress and consider referring family members to local resources and supports, to help ensure that arguing does not become a precursor to neglect or physical abuse.

XIII. Isolation

37. If the client resides in a memory care unit within an assisted living facility, is conserved and the conservator says they're not allowing a specific family member to visit due to problematic behavior towards the client and the facility's staff, then isolation would be unfounded.

XIV. IT DEPENDS

38. This situation would need to be investigated further and should include a review of any available conservatorship court records and/or collateral information and contacts. Consideration should also be given regarding if this action is done in the best interest of the client.

XV. Abandonment

39. If a family member or informal caregiver takes client to the Emergency Room for evaluation due to health concerns, challenging behaviors (e.g., dementia/Alzheimer's and wandering at night), or for being unable to properly care for the client, then, this would not constitute abandonment.

    IT DEPENDS A proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of Abandonment.

Policy Clarification and Case Exceptions

XVI. Guidance

40. When an APS Worker is assigned to complete a face-to-face investigation, and is unable to complete the investigation (Client moved, wrong address, etc.), then the APS Worker may close the investigation without findings.

    TRUE There are many situations that can result in the case being closed without findings, after the worker has used due diligence in making every effort to obtain the information or locate the client. They include (but are not limited to):

    - NTD cases where the client is safe, but you have been unable to gather enough information to determine whether the abuse occurred.
    - Cases where you are unable to locate the client, and therefore you can't gather enough information to make a finding.
    - Cases where the client refused to cooperate in the investigation into a self-neglect or mental suffering allegation and you are unable to gather enough information to make a finding.
    - Cases where the client refused to cooperate in the investigation when the alleged abuse is perpetrated by another person AND there is no other avenue for determining whether the abuse occurred.

- Cases where the client has moved out of the area after the case was opened and therefore you can't gather enough information to make a finding.

XVII. Special Case Scenarios

41. It is important to determine that the allegations meet the definition of abuse, per California's Welfare and Institutions code, and that any finding conforms to the necessary Essential Defining Elements for that type of abuse.

TRUE An allegation may reference a landlord/tenant issue, yet it might also meet the criteria of a type of elder or dependent adult abuse.

42. When Law Enforcement requests APS to hold off an investigation, I can still have a finding.

TRUE There are times when law enforcement may ask you to limit certain aspects of your investigation (e.g., discussing certain allegations with the victim or alleged perpetrator) to not compromise the law enforcement investigation. This should not preclude you from providing services and working with law enforcement to assist you in determining your findings. Your finding can differ from that of LE's finding. The APS SW is investigating elder/dependent adult abuse, and LE is determining if a crime has been committed. In situations like these, please consult with your APS leadership on best practices that support collaboration and partnership with law enforcement. At the same time, the role of the APS program is to assess for the safety of our clients, and a request of this nature would have to be assessed in this light by your APS leadership.

43. I have to have a Confirmed finding in order to cross-report a report of abuse (SOC 341) to law enforcement.

FALSE APS is mandated at the time they receive the initial report, before the investigation has begun, to cross-report the suspected elder or dependent adult abuse to law enforcement, per WIC 15640.

44. When investigating a case that is an NTD, you would follow the same investigative techniques and finding determination process as you would with a case subject to an in-person response.

TRUE In an NTD case you would still complete your investigation and make a finding. However, if there is no information to corroborate, or the inability to obtain it, or it is unnecessary to pursue the information, then the finding of Not Applicable might be an option.

45. If the date of incident of the reported abuse was over three years ago, then it cannot be investigated by APS.

FALSE You would determine your finding based on training, APS eligibility criteria, and the Essential Defining Elements of the abuse alleged, regardless of timeframe; although timeframe would affect your Service Plan.

California Adult Protective Services

No Ten Day (NTD) Components, Standards, Guidance and Best Practices

No Ten Day (NTD) Components and Standards:

No Ten Day reports [NTD], are referrals to APS that become a case for investigation where an immediate or 10-day-in person response is not required. A referral to APS could be assigned as an NTD if, upon evaluation of risk, it is determined and documented that the elder or dependent adult is not in imminent danger, and that an immediate or 10-day in person response is not necessary to protect the health or safety of the elder or dependent adult (WIC 15763 (B) (2)). NTDs are APS cases that are investigated without seeing the elder or dependent adult in person.

Cases are to be determined to meet NTD criteria within 10 days of the initial report date. Close NTD cases within 30 days of the referral date or change case status to become face-to-face cases (see MPP 33-545 Service Plan Monitoring for possible approval of a written visitation plan where case remains open longer than 30 days without in-person visit).

When a case is determined to be an NTD, the County APS program shall include and document all of the following:

- The factors that led to the County's decision that an in-person response was not required.
- Supervisor approval for not making an in-person response.
- The level of risk to the elder or dependent adult, including collateral contacts.
- A review of previous referrals and other relevant information as indicated.
- The need for intervention at the time.
- The need for protective services.
- The category for closure as NTD:
    - Receiving intervention from another agency/resource
    - Protection Issue Resolved
    - No Protective Issue
    - Placed in Permanent Facility
    - Report was received from a Non-Credible Source
    - Other

NTD cases may have findings. In an effort to more fully capture available data on incidents of abuse or neglect, a county may report findings on NTD cases. It is understood it may not always be possible to determine findings. Counties are encouraged to use "not applicable" or "no finding" rather than inconclusive when findings cannot be made. The term "Inconclusive" is one of the findings categories and should not be used if findings are not able to be determined.

A service plan is not required for an NTD case, but is optional and recommended if tangible services or referrals are provided.

A case may be taken out of NTD status at any time if there is a change of circumstances in the case that

would necessitate an immediate or 10-day in person response, or a change that would move the case more appropriately to a category of Unable to Complete Investigation without findings due to lack of information.

Guidance and Best Practice:

Is an NTD counted the same as an in-person case?

- NTDs are APS case investigations and are counted as ~~a~~ cases. The SOC 242 (Adult Protective Services and County Block Grant Monthly Statistical Report) does ask about NTDs and in-person case data separately, but also counts total cases (which includes NTDs) in the APS Case Movement section. NTD cases are also counted in the Victims, Findings, Interagency Coordination, APS Support Services, Client Demographics and Suspected Abuser sections of the SOC 242.

Where are NTD findings recorded on the SOC 242?

- Findings are encouraged on NTD cases, especially when allegations can be confirmed with corroborating information.
- An NTD case with findings would be recorded in Part I or J as appropriate and in the case closure reason section (Part L, line 21 and a or b as appropriate)
- An NTD case without findings would be recorded in Part L, item 22 “Unable to Complete – Closed investigations without findings due to lack of information”
    - Some counties may use Not Applicable which was a category of findings developed when NTD began to record findings but a finding was not possible on the NTD. These would still be recorded in the Unable to Complete section of the 242.

It is best practice for counties to have identified which cases are appropriate for each type of category of closure as NTD. For example, in the category “receiving intervention from another agency/resource,” the other agency or resource needs to be providing an intervention that impacts the allegation and protective issue to qualify. Simply having another agency/resource involved is not sufficient.

While there is not an in-person visit with the client, it is recommended to talk to the client whenever possible to discuss allegations and mitigate risk. If the client cannot be contacted, it is best practice to document why a client was not contacted. There may be situations where the client has not been able to be reached by telephone but there is credible evidence supporting the allegation being investigated. In those circumstances, a finding of “Confirmed” can be determined citing the credible evidence supporting the determination and the meeting of “preponderance of evidence” standard for determining findings in APS.

NTD cases must close or be converted to an in-person response after 30 days. However, some Counties may institute shorter time frames for NTD cases.

The status of a case can change from NTD to 10-day in-person or from 10-day in-person to NTD. It is best practice for County APS programs to have documented policy in place for when these changes need to occur and time frames for staff.

- A case must be put in NTD status within 10 days of the referral date. It is possible for a referral to be assigned for a 10-day in-person response, and upon the APS worker calling the reporting party, information is obtained that makes the case appear appropriate for NTD status.
- A case assigned as an NTD may also have a change in circumstance that would necessitate an in-person response. In this situation, the case status should be moved to an in-person response, and it would be recorded as an in-person response on the SOC 242. It is best practice for counties to have an identified time frame for the in-person response when changing status from NTD to In-Person. For example, from the date the change in circumstances changed the case status from NTD to In-Person, the assigned worker must make an immediate face-to-face visit (if the risk warrants) or complete a face-to-face visit within 10 days of that date.

Does the PUB 470 (Your Rights Under Adult Protective Services) need to be provided to a client in an NTD case?

- It is best practice to verbally provide information regarding a client's rights while working with APS, and mailing the PUB 470 if appropriate and when safety allows.

References:

APS Manual of Policy and Procedure (MPP)

WIC 15763

SOC 242 and instructions

SOC 242 FAQ: https://www.cdss.ca.gov/Portals/9/APS/FAQ_for_revised_SOC242.docx

California APS Consistency in Case Documentation; Response to Reports – NTD

ACL 02-15

ACL 03-07

Pub 470

Repatriation Program California Desk Guide

I. BACKGROUND

The United States (U.S.) Department of State (DOS) is responsible for the care and protection of U.S. citizens in foreign countries and is responsible for their return to the U.S. Once on U.S. soil, the DOS refers the citizens and their families to the federal DHHS, Administration for Children and Families (ACF), for further resettlement assistance, if needed.

The Social Security Act under section 1113 authorizes the DHHS to provide temporary assistance to U.S. citizens and their dependents who have been returned from a foreign country because of destitution, illness, war or the threat of war, an invasion or similar crisis, and are without available resources. The Act also provides for the reception, temporary care, and hospitalization of U.S. nationals who have suffered from mental illness. All assistance provided under these authorities is subject to repayment by the individual.

U.S. citizens have the constitutional right to relocate to any destination of their choice within the Continental United States (CONUSA) and U.S. territories. Currently, the California Individual Repatriation Program is a component of the ACF. ACF has a new five-year working agreement with the International Social Services (ISS) for coordinating the social service needs as a result of an individual's destitution, physical illness and/or mental illness (including their families) who wishes to return to the U.S. and reside in a California county.

- The Program is a repayable loan to the U.S. Government, not an entitlement.
- Temporary assistance is provided for up to 90 days.
- Repatriates can request extensions and waivers/deferrals.
- The Program budget is capped at $1M annually for the entire United States.
- During emergencies, Congress may increase the cap.
- Any case over $1,500 is considered a high-cost case and must have approval from ACF before proceeding with the repatriation plan.

Assistance is provided for up to ninety (90) days from the date of the repatriate's arrival in the United States and in certain circumstance services can be extended. Repatriate assistance includes, but is not limited to, the following:

- Administering cash assistance.
- Assessing a participant's needs and eligibility for benefits and determining the appropriate services.
- Domestic travel assistance to repatriate's destination.
- Food, lodging, and incidentals.
- Medical/mental health care, including counseling.

- Other services and benefits necessary for the health and well-being of the repatriate, if approved by International Social Services (ISS).

Assistance provided under the U.S. Repatriation Program is a loan, which must be repaid to the U.S. government, and individuals receiving assistance are required to sign a repayment agreement.

II. DEFINITIONS

California Department of Social Services (CDSS): Resolves issues among ACF, ISS and counties.

Department of State (DOS): Certifies U.S. citizens that are eligible for the Repatriation Program.

Dependent Adult: Any person between the ages of 18 and 59 years, who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age. Also includes any person between the ages of 18 and 59 years, who is admitted as an inpatient to a 24-hour health facility.

Elder: Any person residing in this state, 60 years of age or older.

International Social Services (ISS): The International Social Services, or ISS, notifies the California Department of Social Services (CDSS) and the affected county where a DOS - certified repatriate is arriving, what their needs are and arranges payment for the services provided. Effective April 1, 2010, ISS coordinates payment of services with the counties.

Repatriates: U.S. citizens and their dependents who become destitute or ill in a foreign country and who require assistance to return to and resettle in the United States.

III. APS REPATRIATION PROGRAM

The Repatriation program is a federally funded program, which provides repatriation and immediate need services to eligible U.S. citizens identified by the U.S. Department of State. Adult Protective Services (APS) County Offices provide direct services and loan agreements to the repatriates.

IV. REPATRIATION PROGRAM CRITERIA

For an adult returning to the United States to qualify for the APS Repatriation Program, that individual must meet the following criteria:

1. The repatriate must be an adult. APS county practices may vary.
    - Refer to your county's/division's policy and procedures for adults with children and unaccompanied minor children.
2. There must be a confirmation of the port of entry the repatriate will return through.
    - If the repatriate is entering through a port of entry outside your county's jurisdiction, then the repatriate's case will be handled by the county into which the repatriate is arriving.

Please adhere to any local rules/MOUs regarding counties that share port of entry jurisdictions.

V. APS REPATRIATION STAFF

APS counties may have designated staff assigned to repatriate cases. APS counties may have a ***APS Repatriate Coordinator*** or a designated APS Supervisor/Manager, who receives notification from the ISS Repatriate Coordinator of a pending repatriate's return. This person may be responsible for coordinating the APS response to the repatriate's return.

Counties will follow their respective internal policy and procedures with regards to the assignment and oversight of repatriation cases.

The staff person assigned to the repatriate's case will coordinate case management, service delivery and will assess the repatriate to determine any additional resources from which the repatriate might benefit.

Any staff person assigned to a repatriate or assisting with a repatriation case must track their time spent working on the repatriate's case and should keep accurate and detailed time sheets see example (Attachment 1) or your County designated form for billing and reimbursement purposes.

VI. REPATRIATION RESOURCES

APS leverages resources, both internal and external, to meet the repatriate's needs. Assistance through the Repatriation Program is provided for up to ninety (90) days. However, additional services can be authorized beyond the 90-day period with prior authorization from ORR. Repatriates can request extensions and waivers/deferrals. The Temporary Assistance and Extension Request Form (Form RR-07) must be filed before the expiration of the 90-day eligibility period. Services can be extended for up to nine months.

Note: Any case over $1,500 is considered a high cost case and must have approval from the ISS representative or your County Designee, before proceeding with repatriation plan.

VII. REPATRIATION PROCESS

The affected APS county will receive notification via email from the ISS Repatriation Coordinator that a repatriate is returning to the United States and needs assistance. In this email from ISS, a Repatriation Welcome Package will be included and will include the following:

1. **U.S. Repatriation-Welcome-Package-2020**
2. **HHS/ACF/ OHSEPR Welcome Letter**
3. **Repatriation HHS/ACF/OHSEPR Fact Sheet**
4. **Repatriate Rights and Obligations**
5. **Sample Closing Letter**

6. **Forms:**

a) **RR-05 Privacy and Repayment Agreement Form**

i. **Purpose:** Obtain consent from eligible repatriate on privacy and repayment of repatriation loan.

ii. **When to complete form:** Upon repatriate's arrival to the county and before temporary assistance is provided. Exemptions may apply for unaccompanied minors and individuals with mental health and/or medical conditions that prevent them from making decisions.

iii. **Who should complete the form:** Repatriate or authorized legal representative.

iv. **Role of the County:** Provide information to the repatriate, advise that the program is voluntary, and services can be refused. Collect the signed form prior to providing services.

b) **RR-06 Refusal of Temporary Assistance Form**

i. **Purpose:** Maintains record of repatriate's refusal decision.

ii. **When to complete form:** Upon repatriate's arrival to the county and before temporary assistance is provided. Assessment should be made determining whether the repatriate is mentally competent to make decisions.

iii. **Who should complete the form:** Repatriate or authorized legal representative.

iv. **Role of the County:**

1. Provide information to the repatriate and a copy of the signed form. Maintain a copy of the form.
2. The repatriate should be provided with the phone number of the local social service public assistance offices and/or local emergency providers.
3. No services can be provided. If services are provided, they are not reimbursable.
4. If the repatriate changes their mind and needs assistance, they can reapply to the Program at any time during the eligibility period.
5. If the repatriate reapplies for services, a needs assessment must be conducted by the local provider; that evaluation must then be forwarded to ISS-USA for HHS/ACF final determination.

*Note: If the repatriate refuses to sign any document, note the attempt on the repayment agreement, writing "Client Refused To Sign". The county contact should sign and date the document.

A. Other Forms that may be utilized and/or required:

1. **RR-03 LOAN WAIVER AND DEFERRAL FORM**

a. **Purpose:** Eligible repatriates, authorized legal custodians, or authorized state staff complete this form to request a waiver or deferral of a repatriation loan.

b. **When to complete this form**: After the repatriation case is closed and/or after receiving the collection letter from the Program Support Center.

c. **Who should complete this form**: Repatriates or authorized legal person.

   i. Adults applying on behalf of themselves and dependents;

   ii. Adult representative of a minor child (parent, guardian, or legal representative);

   iii. Adult representative of a mentally or physically impair adult.

d. **Role of the County**: Provide timely information and copy of the form to the repatriate, as needed. If necessary, help repatriate complete this form.

2. RR-04 NON-EMERGENCY MONTHLY FINANCIAL STATEMENT FORM

Submitted at the end of the month whenever the county/state has an active case.

a. **Purpose:** Request reimbursement for all reasonable, allowable, and allocable costs for repatriates who receive up to 90-days of services.

Note: Counties should follow their respective internal policy and procedures with regards to the mileage and fiscal claiming.

3. **RR-07 TEMPORARY ASSISTANCE EXTENSION REQUEST FORM**

a. **Purpose:** Request an extension of temporary assistance past the 90 days.

b. **When to complete this form**: Generally, at least two weeks prior to the last eligibility date.

c. **Who should complete this form**: Individuals with an open repatriation case with the HHS who are determined to be unable to attain self-support or self-care for qualifying reasons (such as age, disability) as defined by 45 CFR 211 & 212.

   i. Adults applying for themselves;

   ii. Adults applying on behalf of themselves and dependents;

   iii. Adult representative of a minor child (parent, guardian, or legal representative);

   iv. Adult representative of a mentally or physically impaired adult.

d. **Role of the County**: Provide information and assist, as needed, with the timely processing and submission of this request. Supportive documentation needed. Signature required from the repatriate. Individuals, including state representatives, may sign the form if provided with appropriate authorizations.

The County's APS Repatriation Coordinator/Supervisor/Manager will receive email notification from the ISS Repatriation Coordinator that a repatriate is returning to the United States and needs assistance along with repatriate's pending return.

Confirm the port of entry the repatriate is coming into and verify that is within their county's jurisdiction. If the repatriate is unable to come directly into the desired destination County, the County will need to let ISS know this to ensure there is coordination between the desired destination County and the receiving County. The responsibility of working with the desired destination County and the receiving County is with ISS but reminding ISS that California is a county run Repatriation program and there are jurisdictional boundaries in these cases. Please follow any County's/ Division's policy and procedures.

> Example: If the repatriate wants to return to Orange County (desired destination county) but Orange County has no direct flights, ISS needs to know this, and that Orange County APS is unable to travel to surrounding counties to retrieve a repatriate. ISS will need to relay this to the foreign consulate when making travel arrangements. ISS informs Orange County that repatriate is flying into LAX, in LA County. Orange County is the desired destination county and needs to work with LA County, the receiving county. Orange County and LA County will need to collaborate and coordinate to accept the arrival of the repatriate in LA County and travel to Orange County.

The APS Repatriate Coordinator/Supervisor/Manager will coordinate with ISS regarding the repatriate's pending return.

The receiving County might want to use the California Adult Repatriate Intake Form (Attachment 2) to gather more information about the repatriate coming back to United States.

Request information on all health issues for the repatriate to initiate appropriate service provision. Please refer to your County's/Division's policy and procedures as it relates to having medical and or mental health assessments conducted for any repatriate who arrives at the port of entry when the County has prior knowledge of medical or mental health needs.

> Example: Some counties have an ambulance meet the repatriate with APS at the port of entry to transport the repatriate to a local hospital upon arrival if there is knowledge of medical issues. Additionally, some counties have a mental health team standing by upon the repatriate arrival to assess the repatriate for grave disability if severe mental health issues are known.

The receiving county can ask ISS to have the repatriate port of entry arrival occur during regular business hours, typically Monday through Thursday 8 AM to 5PM, or at an arranged time that is acceptable to the county. This ensures resources are available to the repatriate when they arrive. The travel arrangements are made by the country the repatriate is leaving, not by ISS.

When confirmation has been received that the repatriate is entering through the confirmed port of entry, an elder/dependent adult abuse report will be generated in the County's APS database. Information obtained from the Repatriation Program Welcome Packet, sent by the ISS, should be used in generating the report. Refer to your county policy or desk guide for how to file an abuse report.

The Repatriation Program Welcome Packet, available on the ISS website, will be used during the repatriation process.

The county's assigned APS staff will greet the repatriate at the confirmed port of entry at the time previously confirmed by ISS. If assistance from local law enforcement is required, contact will be made in order to assist in meeting the repatriate at the port of entry.

Based on prior information obtained from ISS, if the repatriate needs an immediate medical and/or psychological evaluation upon arrival, APS staff may arrange in advance to have medical and/or mental health care agencies present at the port of entry at the time of repatriate's arrival. If possible and for best practice, APS staff should respond in pairs.

Each county will follow any additional specific policies and procedures related to greeting the repatriate at the airport. Each county will follow their internal policies and procedures if the repatriate's travel is delayed, or the time of arrival is after normal business hours.

The APS staff will review the Repatriation Program Welcome Packet with the Repatriate upon arrival.

Example of Repatriation processes:

Prior to arrival:

- Reserve hotel room for at least 5 days – repatriate may have jet lag and may need to rest soon after arrival. Hotel stay may be longer or less, depending on circumstances.
- Make sure there is food for a 24-hour period in the room (fruit, lunch meat, bread, danish/donuts, energy bars, frozen dinners that can be microwaved, utensils, paper plates).
- Make sure there are essential toiletries in the room (toothbrush/paste, deodorant; most hotels will supply shampoo/soap).
- Alert General Assistance (GA) that you will be bringing a repatriate in the next day or two for emergency funding. (GA has a mandate to prioritize APS repatriation cases. Apply immediately for GA, CalFresh, emergency Medi-Cal).

Day 1:

- Meet repatriate at the airport.
- Assess for immediate needs (medical, psychiatric, emotional, physical) and request any necessary assistance necessary, (EMTs, Crisis Services, wheelchair, etc.).
- Determine the best place to interview the repatriate to fill out Repatriation paperwork, either at County office, hotel, airport, and or hospital.

Day 2 and beyond:

- Follow up with repatriate and begin linking them to needed resources.
- If the repatriate does not have anyone who can assist them, the county worker will develop a service plan with the repatriate. In most cases, the repatriate will need APS to facilitate General Assistance (GA) quickly.
    - If the repatriate is unable to work and is indigent, make sure the GA worker starts the SSI process. This will include a check to see if repatriate has any SDI or SS

available, or if they will need straight SSI. Either way, this process will take some time and medical documentation.

- If repatriate is able-bodied and can live independently, arrange for a few days' stay at the hotel while establishing a medical clinic appointment (if repatriate agrees), public transportation, food, emergency cash, clothing, toiletries.
- If available, secure a shelter that has case management, and either job readiness or an SSI referral should be initiated by GA.
- If repatriate clearly is unable to navigate the system and thrive in a shelter setting, SSI will need to be applied for immediately. The hotel stay will need to be extended. Options for housing need to be discussed such as room and board, relatives or friends, housing outside the jurisdiction. Discuss plans the repatriate may have as to where they would like to live. If necessary, a neuropsychological evaluation may need to be requested if repatriate shows signs of dementia. Mental health may also cause delays and/or barriers, which will need to be addressed.
- Be prepared to inform ISS that in some cases, an extended hotel stay is the only option, and the county will expect to be reimbursed.
- Counties may choose not to ask for reimbursement for food, medication, transportation, or clothing since those are typically covered in a normal APS investigation. However, because of the expense, counties should request hotel or other lodging reimbursement. Counties must complete the paperwork accurately, have receipts, and must provide a good documentation as to why lodging was necessary (as opposed to a free shelter).
- Set up a clinic appointment.

VIII. CONSENT TO REPATRIATION SERVICES:

The APS staff must ask the repatriate for their consent to services.

Repatriate Refuses to Consent to Repatriation Services:

APS staff will obtain the repatriate's signature on the Refusal of Temporary Assistance form (included in the Repatriation Program Welcome Packet).

- After the repatriate signs the Refusal of Temporary Assistance Form, no additional services through the ISS Repatriation Program will be provided to the repatriate.
- After initially refusing assistance, the repatriate can reapply to the ISS Repatriation Program at any time during the eligibility period. The repatriate is still eligible to receive APS services, even if the repatriate declined assistance through the ISS Repatriation Program.

Repatriate Consents to Repatriation Services:

APS staff will review and complete documents, including obtaining the repatriate's signature on the Privacy and Repayment Agreement Form.

- Repatriates found to be mentally incompetent, upon evaluation by a mental health provider upon arrival, are not required to sign the Privacy and Repayment Agreement form.
- APS staff will provide the Repatriate's Rights & Obligations form (also included in the Repatriation Welcome Packet) to the repatriate.

APS counties will utilize their respective services and resources to perform any case management tasks. Case management services could include but are not limited to the following:

- Linkage/coordination with public assistance programs or SSDI or SSI for financial assistance.
- Transportation assistance provided by bus pass, taxi voucher or any other vendor utilized by the county.
- Arrangement and coordination of temporary housing (motel/hotel).
- Referrals to medical, psychiatric and specialty care service providers.
- Refer to the county's Home Safe program for long-term housing options.
- Grocery store/restaurant gift cards.
- Hygiene supplies (hygiene kits and/or store gift cards).
- Clothing (store gift cards).

APS counties may have a general list of community resources to provide to repatriates.

IX. CASE CLOSURE:

Repatriation cases should follow your county's policy on closing cases related to repatriation.

APS staff will consult with the APS Repatriate Coordinator/Supervisor/ Manager or other designee prior to closing the case.

APS County will provide an update via email on the repatriate's status to ISS.

The staff person(s) assigned to the repatriation case will log all hours associated with the repatriate's case on the Repatriate Time Sheet.

APS County will inform ISS of the intent to close the repatriate's APS case. Please note that once ISS is made aware the repatriation case is closing, the county will not be able to bill for repatriate services after this date.

Once completed, the assigned APS staff will turn in the Repatriate Time Sheet to the APS Repatriate Coordinator/Supervisor/Manager or other designee, who will submit the Repatriate Time Sheet(s) to ISS for billing and reimbursement.

Attachment:

1. Repatriation Time Sheet

2. California Adult Repatriate Intake Form

Reference:

CDSS Repatriation website Repatriation (ca.gov)

CDSS Repatriation (ca.gov) for APS county contact phone numbers

CDSS Repatriation Fact Sheet (ca.gov)

ISS US Repatriation Program - Repatriation-Welcome-Package-2020.pdf (iss-usa.org)

State of California HHSA DSS Manual of Policy and Procedures
https://cdss.ca.gov/ord/entres/getinfo/pdf/SPMAN.pdf#page=5

Temporary Assistance and Extension Request Form (Form RR-07) U.S. Repatriation Program Temporary Assistance and Extension Request Form | The Administration for Children and Families (hhs.gov)

Attachment 1

Repatriation Time Sheet

Client Name: Joe Repate — ISS Case Number: 123456789

Date:	Activity:	Documentation Time (minutes)	Contact Time (minutes)	Mileage Traveled
12/3/2014	Case receipt and review		10	
12/3/2014	MDT w/ ISS		10	
12/3/2014	Consult with APSS		10	
12/4/2014	Complete referral to open case		10	
12/4/2014	Consult with APSS		10	
12/4/2014	Consult with covering supervisor		10	
12/4/2014	Consult with APSS		5	
12/5/2014	Motel reservation	5	5	
12/5/2014	Review emails		5	
12/5/2014	Discuss case with Sr Wkr		5	
12/8/2014	Consult with APSS		10	
12/16/2014	Rec'd VM from cousin	10	5	
12/16/2014	Rec'd VM from dgt	10	8	
12/16/2014	Housing search	10	45	
12/16/2014	Review of CC emails	10	20	
12/16/2014	Consult w/Sup	5	20	
12/16/2014	Consult w/Sup + PM	8	35	
12/17/2014	PC to Cousin	5	5	
12/17/2014	Rec'd call from cousin	8	10	
12/22/2014	Met with CLT at airport	5	180	25
12/22/2014	Rew'd CC emails/consult with PM	5	25	
12/22/2014	Rec'd call from cousin	5	5	
12/23/2014	Collab with AIS/FRC to set up appt	10	20	
12/23/2014	PC to FRC Sup	8	15	
12/23/2014	FRC Field Visit/Benefits appt/UCSD	10	360	21
12/24/2014	PC to family	8	15	
12/24/2014	PC to family	5	10	
1/5/2015	Emails rec'd from CLT	5	10	
1/5/2015	Completed assessment	45	0	
1/7/2015	PC to SW @UCSD	5	10	
1/21/2015	Coordinated DC paperwork to CLT	8	90	
1/22/2015	Rec'd VM from SSA office	8	5	
1/23/2015	Rec'd VM from SW	5	5	
1/24/2015	PC to cousin	5	20	
1/25/2015	Rec'd email from CLT with status	5	5	
2/1/2015	Facilitated CLT's Sservice documents to him/exp	8	42	20
2/10/2015	Facilitated General Relief assessment/orientatio	10	190	26
2/11/2015	Follow up with SSI Advocate/Legal Aid Society	10	20	
2/13/2015	Review case for closing	20		
2/15/2015	Prepare case for fiscal	60		
2/16/2015	Finalize fiscal documents	45		
	Subtotal:	366	1265	92
		TOTAL MINUTES	1631	
		TOTAL HOURS	27.18333333	

	HRLY RATE	WORKER	TOTAL TIME (HOURS)	TOTAL SALARY
	$25.76	APS Worker 1	25.18	$648.64
	$19.78	PSA 1	2	$39.56
				$0.00
				$0.00
			SUBTOTAL:	$688.20
			MILEAGE: (@$ 0.23/mile)	$21.16
	Receipts attached		PURCHASES:	
			TOTAL COST:	$709.36

Attachment 2

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CALIFORNIA ADULT REPATRIATION INTAKE FORM

Repatriate Name: **Date:**

Who is embassy caseworker/ social worker:
Can we talk to them:

***Please complete fields for which you have information.**
If you do not have information, please leave the field blank*

Demographic Information:

Age: DOB: County of destination: Language:

Gender: Check if a Veteran: ☐

Repatriate leaving (check one) ☐ voluntary ☐ involuntary

Is the repatriate a deportee? Visa Status:

Valid Identification: Any other form of identification?

Medical Information:

Medical history/diagnostic information (specify whether chronic) (any and all information is appreciated, with as much detail as possible):

Please specify if client has memory loss and to what extent (please provide an example)?

Current medications:

Will they be arriving with meds and, if so, what is the dosage?

Any mobility/ambulation issues?

Devices needed (e.g. wheelchair, ambulance, glasses):

Mental Health Information:

Mental health history/diagnostic:

Client is acute/in crisis ☐

Details regarding current treatment plan:

Danger to self/others? Please be specific:

CA Adult Repatriation Intake Form 2020

DRAFT

Financial Status:

Does repatriate have SSI or other income?

Does the repatriate have bank accounts outside of the US and, if so, does repatriate have access to these accounts?

Will repatriate have access to SSI or other income upon arrival?

Does the repatriate have Medi-Cal and/or Medicare benefits in place?

Residency Information:

Residency status at time of repatriation?

Does the repatriate have an identified residence upon arrival?

From where is the repatriate being discharged or released?

☐ Shelter ☐ Hospital ☐ Facility ☐ Family home ☐ Prison ☐ Other

Was repatriate homeless prior to being identified as a repatriate?

Residency History/Affiliation with County identified for repatriation:

Does the client wish to relocate to a different County/State upon arrival in the US? If so, what is the location?

Behavioral Issues:

If a danger to self or others, please describe in more detail:

Does the repatriate have a history of violence and when was the most recent incidence of violence?

Does the repatriate have a conviction or if coming from prison, what was the criminal conviction?

Does the repatriate have any current substance abuse issue?

Drugs of choice?/ETOH use?

Repatriate Needs During Transport to CA County:

Would the repatriate benefit from an escort?

CA Adult Repatriation Intake Form 2020

DRAFT

Would the repatriate benefit from a nurse?

Does the repatriate have any hygiene issues?

Does the repatriate require any incontinence supplies?

<u>Contact Information/Support System:</u>

CA contact information (please specify if local to County of repatriation):

Family members (name, phone, address and email)

Friends (name, phone, address and email)

How much luggage?

Does the repatriate have a cell phone? If so, cell number:

Optimal arrival is Mon-Thu during business hours otherwise repatriate may not be housed. Assessment will be made for the most appropriate housing in the County of repatriation. Note that housing may be limited.

CA Adult Repatriation Intake Form 2020

DRAFT

California AB 135 & APS Longer-Term Case Management (LrTCM)

California Assembly Bill 135 (AB135) went into effect on July 16, 2021. In addition to expanding the age criteria for elders for the Adult Protective Services (APS) program and expanding the definition of self-neglect, the Legislature intended to provide funding to APS programs to provide longer-term case management services to more complex APS cases. Longer-term case management services can provide opportunities for longer service plan monitoring activities or involuntary service planning activities for incapacitated clients at risk of substantial harm. The resulting guidance below is provided in a Q&A format with resource links, definitions, and a flowchart with a summary of APS case management activities.

WIC 15610.02. (In CH 11: Elder Abuse and Dependent Adult Civil Protection Act – EADACPA)

> **(b)** In order to address the safety and well-being of the growing number of diverse older adults who will need adult protective services, it is the intent of the Legislature to enhance the program in a number of ways, including enabling the program to provide *longer term case management for those with more complex cases*, expanding and making more flexible the Home Safe Program to aid clients facing homelessness, and encouraging the use of collaborative, multidisciplinary best practices across the state, including financial abuse specialist teams and forensic centers. It is further the intent of the Legislature to expand the age of clients served under the program in order to intervene earlier with aging adults before their situations reach a crisis point.

Q&A

Q1. **What does longer-term case management mean?**

A1. It continues to mean ***Case Management*** as defined by WIC **15763.**(d) A county shall provide case management services to elders and dependent adults who are determined to be in need of adult protective services for the purpose of bringing about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future. **Refer to the **Definitions** section in this document.*

> **Supporting Information 1.** AB 135 does not change the case management requirements of APS in Chapter 13 – Adult Protective Services Program **15763.** APS funding has not kept pace with the growing older adult population and the growing complexity of cases. CWDA advocated for AB 135 to increase dedicated funding to help more older adults before the age of 65, and the homeless after 50 (a new and growing population for APS to serve) and for APS Programs to be able to provide the longer-term interventions to meet the needs of these complex cases. Current funding and staffing levels have been insufficient to allow for longer-term interventions, with contacts being shorter and focused on investigation and service planning.

Supporting Information 2. Per CDSS MPP APS Program **SCOPE 33-110.2** – The adult protective services program is not intended to be a long-term, on-going "case management" activity. APS is not an ongoing "case management" service but rather based on the assessment and intervention (or service plan) developed, provides support until the interventions have been completed and safety enhanced, whenever possible.

Q2. **Is there a time limit?**

A2. No. A case remains open as long as needed, as the regulations have not determined a time limit. The case is closed when a case meets one of the reasons for *Case Closure* (e.g. the Service Plan goals have been met, client is no longer willing to participate, etc.), per CDSS APS **MPP 33-570 CASE CLOSURE**. **Refer to the **A4. Case Closure** section in this document.*

Supporting Information 1. Proposed language by CDSS to update the CDSS APS MPP Regulations, by clarifying **SCOPE 33-110.2**: *"While the adult protective services program is not intended to be a long-term, on-going "case management" activity, case management will extend for as long as needed to provide changes in the lives of victims that offer them safety and provides a safety net to enable victims to protect themselves in the future."*

Q3. **Does APS only deal with investigations?**

A3. No. The WIC **15763.**(d) defines *Case Management* to include investigations. **Refer to the **Definitions** section in this document.*

Q4. **What is the difference between Investigation and case management?**

A4. Per WIC **15763.**(d) and CDSS **MPP 33-520**, *Case Management* includes investigations, assessments, service plans, service plan monitoring, and reassessments as appropriate. The CDSS MPP provides policies and procedures to accomplish these *Case Management* activities cited by WIC **15763.**(d). And per WIC **15766.**, "The investigation of allegations of elder and dependent adult abuse pursuant to this chapter, and the case management of elder and dependent adult abuse cases shall be performed by county merit systems civil service employees…" And per CDSS MPP **33-130 (a)(8)(C)**, **"**Second-year interns in a Bachelor's of Social Work or interns in a Master's program in social work or a related field may perform the duties of an APS worker under close supervision…"

Supporting Information 1. In addition to policy and procedure on Goals, Scope, Jurisdiction, 24-Hour System, Initial Evaluation, Response to Reports, and Cross Reporting, the CDSS APS MPP provides the following regulations:

- **Investigation 33-135(a)(3):** SOC 343 (Rev. 6/01) Investigation of Suspected Dependent Adult/Elder Abuse—(*Def.* The activity undertaken to determine the validity of a report of elder or dependent adult abuse, per WIC **15610.40.**).
  - In-person Response Investigation: Immediate or 10-Day.
  - No In-person Response Investigation: No Ten-Day (NTD)

- **Assessment 33-525:** When it has been determined, based on the adult protective services agency's investigation of the report of known or suspected abuse or neglect, that adult protective services are to be provided, the adult protective services worker shall complete a case assessment. "Assessment" means activity to gather and document information relevant to the client's situation and to appraise the client's services needs based upon that information.
  - No later than 21 calendar days from the date of the initial in-person contact with the client.
  - The purpose of the assessment is to identify:
    - The client's capacity and ability to protect themselves.
    - The client's willingness to be involved in the problem-solving process.
    - The client's need for protective intervention.
    - Immediate and ongoing risk factors.
    - Resources available to the client and/or their family that could alleviate the risk of abuse or neglect.
  - If during the assessment process it is determined that the client does not need adult protective services, the reasons why services are not needed shall be documented in the file, and the case closed **(33-525.3)**.

- **Service Plan 33-535:** For each person receiving adult protective services a written service plan shall be developed based upon the assessment, to provide for the safety of the client in the least restrictive environment. The adult protective services worker shall ensure the client's input in the development of the service plan and shall discuss with the client the voluntary nature of the adult protective services program. The services identified in the service plan shall be delivered only with the consent of the elder or dependent adult. The adult protective services worker shall document in the case record the client's agreement to the service plan or shall request the client to sign a document that indicates the client's willingness to receive the services in accordance with the service plan. The client may refuse or withdraw consent to the provision of any or all services at any time. (***Tip:*** new **Supported Decisionmaking** requirements per WIC **21000.** for probate conservatorship petitions may affect the tailoring of the Service Plan when planning to make referrals to the Public Guardian, should the Service Plan not mitigate the abuse.)
  - To be completed within 30 calendar days from the initial in-person contact.
  - The purpose of the service plan is as follows:

    - ➢ To identify the problems to be alleviated, based on the assessment, and to develop the desired outcomes and strategies to be used in attaining those outcomes.
    - ➢ To identify resources to be used in order to attain the outcomes and stabilize the situation.
  - The service plan shall include:
    - ➢ The identification of priorities and desired outcomes.
    - ➢ Strategies and resources to be used to attain the desired outcomes.
    - ➢ Identification of the services to be provided by the adult protective services agency or other service providers ➔ **This is where Public Health Nurses (PHN), Community Based Organizations (CBO) and other agencies through grants or contracts come in (CDSS MPP 33-535.33)**
    - ➢ The frequency and duration of services while the case is open.
    - ➢ The planned frequency of contact between the client and the adult protective services worker.
    - ➢ The length of time the case is expected to remain open.

- ▪ **Service Plan Monitoring 33-545:** The adult protective services worker shall monitor the service plan and the progress of the client.
  - The adult protective services worker shall conduct in-person monitoring visits with the client once every 30 calendar days except as specified in Section 33-545.4—more or less, based on the risks and needs of the client, and with supervisor approval. A justification explaining why it is not necessary to visit the client in person once every 30 calendar days (e.g. [33-545.411(a)] if the justification is based on other professionals visiting the client, like PHNs, CBOs and other agencies or professionals), must be written in a visitation plan and with supervisory approval.
  - Service plan monitoring shall continue until the case is closed.
  - The adult protective services worker must have continued contact with other professionals visiting the client in person as outlined in Section 33-545.411(a).
  - The purpose of the service plan monitoring is:
    - ➢ To evaluate the client's progress in meeting the desired outcomes and the strategies and resources used to attain the desired outcomes.
    - ➢ To ensure a timely response to the client's changing needs and circumstances.
    - ➢ To ensure that case management is being provided at an appropriate level of intensity to meet the client's needs.
    - ➢ To ensure provider services are delivered in accordance with the service plan. These maybe the service providers identified above in 33-535.33, e.g. PHNs, CBOs and other agencies or professionals through grants or contracts.

- In monitoring the service plan, the adult protective services worker shall:
    - Evaluate the progress towards achieving service plan outcomes.
    - Respond timely and appropriately to complaints or problems regarding the delivery of services.
    - Confirm that the services being provided meet the client's needs.
    - Modify the service plan, as appropriate, with the client's consent.

- **Reassessment 33-560:** A written reassessment shall be completed as often as necessary based on the client's needs and progress. "Reassessment" means the activity to gather and document information relevant to the client's current circumstances, review past assessments, and re-examine the service needs of the client and his/her family. The reassessment document is used to evaluate the effectiveness of the service plan and to review the progress that has been made toward achieving the objectives identified in the service plan.
    - But no less frequently than once every 90 calendar days.

- **Case Closure 33-570:** Whenever possible, the closure of a case shall be a joint decision between the adult protective services worker and the client. The adult protective services worker shall complete a written closure summary that includes the reason the case was closed, the services provided, supportive resources now in place, and the extent to which the desired outcomes of the service plan were accomplished.
    - Reasons for Case Closure:
        - The client does not consent to services.
        - The client withdraws consent for services.
        - Adult protective services are no longer needed.
        - The client dies.
        - The client is unavailable for services due to permanent long-term care placement.
        - The client moves out of the adult protective services agency's jurisdiction and, if appropriate, has been referred to another adult protective services agency.
        - Repeated attempts to locate the client have been unsuccessful.
        - The client has been referred to another agency or resource that has accepted responsibility for the client and protection issues have been resolved.
    - Case Closure is not required if:
        - There is any ongoing activity that requires the case to remain active.
        - The adult protective services worker believes that the client is acting under undue influence or duress; or lacks capacity to act on their own behalf.

      - The report of known or suspected abuse or neglect alleges a violation of the Penal Code. The case may remain open for purposes of the investigation.
- **Data – SOC 242:** A CWDA and CDSS Workgroup reviews the SOC 242 periodically for needed updates to reflect evolving needs.

Q5. **What is a Complex Case?**

A5. A complex case involves longer time spent with an APS client by an APS worker carrying out these activities: investigation, client engagement, and intervention (e.g. Supported Decisionmaking) so the client is safe and stable, the protective issues are mitigated, and the client will no longer need adult protective services at case closure.

- **Common Characteristics of a Complex Case:**
  - Client has one or more of the following**:**
    - Impairment in one or more areas of Activities of Daily Living (ADL).
    - Impairment in two or more Instrumental Activities of Daily Living (IADL')s.
    - Polypharmacy (8 or more medications), complex medication regime, or history of non-compliance with medications.
    - Has advanced chronic diseases that are unmanaged or co-morbidity.
  - Client is in one or more of the following situations:
    - Cannot execute a plan to secure care for themselves or follow up with providers.
    - Unable to manage their own care and affairs due to emotional or cognitive impairment.
    - Primary support person is unable, unwilling or has difficulty providing the appropriate level of care that the client needs.
    - Does not have other case management or supportive services in place (e.g. Regional Center services for developmental disabilities, Multipurpose Senior Services Program (MSSP), etc.).
    - Client needs out-of-home care placement, medical (e.g. Skilled Nursing Facility-SNF) or non-medical (e.g. Residential Care Facility for the Elderly-RCFE)
    - Client needs a supportive decision-making arrangement or a formal surrogate decision maker.
    - Client needs monitoring for safety and protection until an ongoing case management, care management, or conservatorship is in place.

✓ *Example: APS Client has 2 or more case management needs that would typically take more time or considerable coordination, e.g. such as getting on Medi-Cal, becoming In-Home Supportive Services (IHSS) eligible; coordination of complex medical care; comorbidity; navigation of systems help needed; continuity of medical care; assistance with stabilizing home*

situation to enhance safety for client; assistance with transition to SNF or RCFE.

Supporting Information 1. Counties have developed models to help them service those APS clients with complex needs, and who need more intervention time and services.

Supporting Information 2. Based on existing models developed by counties, and workgroup input on Program Performance, client complexity exists across these domains:

B. **Investigation—**The time spent analyzing more facts and more complex evidence to make findings determinations (e.g. complex financial transactions, signs that could be normal part of aging/medications vs. abuse or neglect, and getting expert opinions on the facts gathered).
C. **Client engagement—**The time to explain and enlist client's input and cooperation, which are affected by:
    - Clients refusing services or uncooperative because of cognitive impairment, financial abuse with undue influence, mental health issues, substance abuse, medical condition, medications, family dynamics, and other unhelpful relationships.
    - Not cognitively impaired but uncooperative, cannot execute a plan, cannot self-actuate. Generally incapable of maintaining the available supports due to physical limitations, personality disorders, unreasonable and insisting on an ultimately unhelpful approach.
D. **Intervention—**The time spent assessing needs and what approach will most likely help stabilize the client and remedy the situation; and the time spent coordinating the resources and advocating for access to these; and the time spent ensuring these are actually helping the client get out of harm's way and avert future harm. These could be in the form of a Service Plan or Involuntary Service Planning.

Definitions

Case Management

- WIC **15763.** (d) A county shall provide case management services to elders and dependent adults who are determined to be in need of adult protective services for the purpose of bringing about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future. **Case management** services shall include all of the following, to the extent services are appropriate for the individual:
  (1) Investigation of the protection issues, including, but not limited to, social, medical, environmental, physical, emotional, and developmental.
  (2) Assessment of the person's concerns and needs on whom the report has been made and the concerns and needs of other members of the family and household.
  (3) Analysis of problems and strengths.
  (4) Establishment of a service plan for each person on whom the report has been made to alleviate the identified problems.
  (5) Client input and acceptance of proposed service plans.
  (6) Counseling for clients and significant others to alleviate the identified problems and to implement the service plan.
  (7) Stabilizing and linking with community services, including, but not limited to, those provided by health plans, other county-based service providers, and community agencies.
  (8) Monitoring and followup.
  (9) Reassessments, as appropriate.

- WIC **15763.**(e)
  (1) To the extent resources are available, each county shall provide emergency shelter in the form of a safe haven or in-home protection for victims. Shelter and care appropriate to the needs of the victim shall be provided for frail and disabled victims who are in need of assistance with activities of daily living.
  (2) To the extent a county receives grant funds under the Home Safe Program (Chapter 14 (commencing with Section 15770)), counties may provide housing assistance and support to elders and dependent adults who are homeless or at risk of becoming homeless.

- WIC **15766.** The investigation of allegations of elder and dependent adult abuse pursuant to this chapter, and the case management of elder and dependent adult abuse cases shall be performed by county merit systems civil service employees…" And per CDSS MPP **33-130 (a)(8)(C), "**Second-year interns in a Bachelor's of Social Work or interns in a Master's program in social work or a related field may perform the duties of an APS worker under close supervision…"

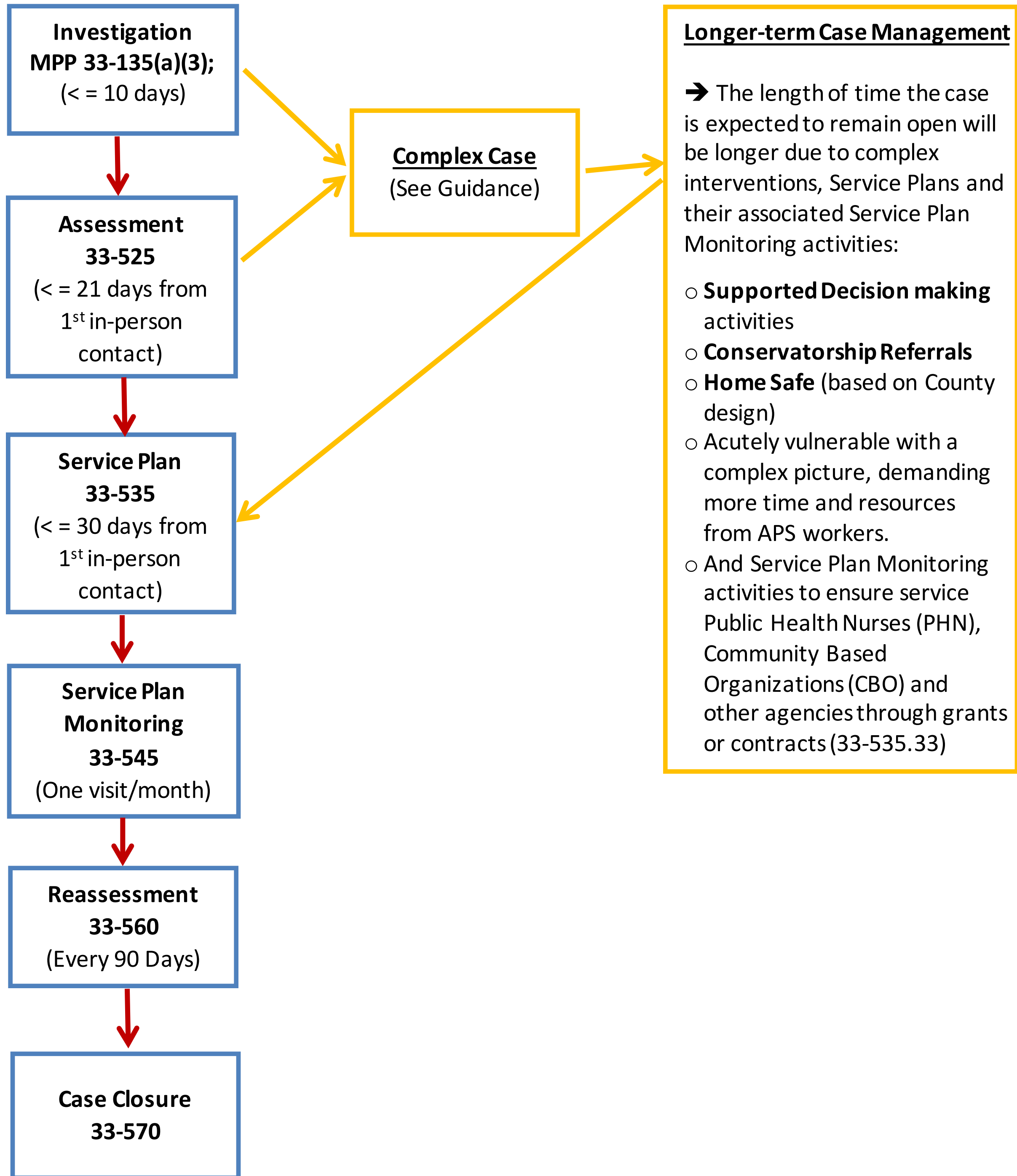
- CDSS **MPP 33-520** CASE MANAGEMENT SERVICES
  .1 Case management services shall be provided on behalf of elders and dependent adults who are determined to be in need of adult protective services.
    .11 The purpose of case management is:
      .111 To stabilize the client in his/her environment in order to minimize or alleviate the risk of abuse or neglect.

.112 To assist the clients to make changes that enhance their ability to protect themselves in the future.
.113 To enhance the client's problem-solving and coping capacities.
.114 To improve the client's protection and quality of life by linking them with resources and services.

Scope of the APS Program

- CDSS MPP 33-110 SCOPE
  - .1 The adult protective services program is intended to provide intervention activities directed toward safeguarding the well-being of elders and dependent adults suffering from or at risk of abuse or neglect, including self-neglect.
  - .2 The adult protective services program is not intended to be a long-term, on-going "case management" activity.
  - .3 The adult protective services program will offer appropriate adult protective services in accordance with client's individual needs and acceptance.
  - .4 Adult protective services shall be aimed at preventing or remedying elder or dependent adult abuse or neglect.
  - .5 Adult protective services shall promote self-sufficiency and reduce the need for further reliance on the adult protective services program.
  - .6 Adult protective services shall attempt to create a stable environment where the individual can safely function without requiring additional intervention from the adult protective services program. Adult protective services include:
    - .61 Response to reports of known or suspected abuse or neglect.
    - .62 Investigations.
    - .63 Time-limited case management and arrangement for delivery of services.
    - .64 Emergency shelter/in-home protection.
    - .65 Tangible resources.
    - .66 Multidisciplinary personnel teams.
  - .7 The adult protective services program is not intended to interfere with the life style choices of elders or dependent adults, nor to protect those individuals from all the consequences of such choices.
  - .8 An elder or dependent adult who has been abused, as defined in Section 33-130(a)(3), may refuse or withdraw consent at any time to preventive and remedial services offered by an adult protective services agency.
    - .81 If the adult protective services worker believes the elder or dependent adult is incapacitated to the extent he/she is unable to give or deny consent to adult protective services, a petition for temporary conservatorship may be initiated in accordance with Sections 2250(a) and (b) of the Probate Code.
      - .811 Section 2250(a) of the Probate Code states in part:
        "On or after the filing of a petition for appointment of a guardian or conservator, any person entitled to petition for appointment of the guardian or conservator may file a petition for appointment of:
        - "(1) A temporary guardian of the person or estate or both.
        - "(2) A temporary conservator of the person or estate or both."

California APS Case Management Flowchart*



*Based on generally current practice by many county APS programs.

Chapter 3

Templates

3.1: Template MOU between County APS and Long-Term Care Ombudsman

3.2: Template MOU between County APS and Local Public Guardian Program

3.3: APS California Cross-Reporting and Referral Guide 2014

3.4: Template SB 196-APS Initiated Restraining Order (AIRO)

3.5: Template APS California Repatriation Program Desk Guide

3.6: Template LrTCM Flowchart 2023

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MEMORANDUM OF UNDERSTANDING

Between the
(Local Long-Term Care Ombudsman Program)
and
(Local Adult Protective Services)

For

Coordination of Services Regarding Investigations of
Suspected Elder and Dependent Adult Abuse

Effective (Date)

________________________________	________________________________
Name of APS Program Administrator	Name of LTCO Program Coordinator
Name of APS Agency	Name of LTCOP
Address	Address

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Introduction and Purpose

A group of stakeholders from across California came together to address common jurisdictional issues pertaining to local Adult Protective Services (APS) and local Long-Term Care Ombudsman Programs (LTCOP) with regard to the investigation of reports of suspected abuse and neglect of elders and dependent adults. A statewide survey helped to identify jurisdictional conflicts between APS and LTCOP. The workgroup determined that the amount of regulatory revision needed to align jurisdiction was prohibitive.

The stakeholders agreed that an effective way to address this issue is to develop a Memorandum of Understanding (MOU) between APS and the LTCOP which local entities could use at their discretion. The purpose of this MOU is to provide clarification of each agency's respective role and address jurisdictional issues with the ultimate goal to increase collaboration, address gaps in services and enhance outcomes for elders and dependent adults.

This document will be reviewed annually, on July 1st, by the State Ombudsman and the California Welfare Director's Association, Adult Services Committee. It will also be reviewed, as needed, in response to substantive legislative changes.

How to Use this MOU

The laws and regulations that provide guidance to APS and LTCOP allow for varied interpretations of roles, as they relate to jurisdiction for both agencies. These laws and regulations allow both APS and the LTCOP to take a more inclusive approach to identifying jurisdiction and working together to respond to reports of abuse and neglect. This flexibility provides each county the ability to determine and agree to one way of interpreting regulations for use in their county. There are identified sections in the jurisdictional matrix at the end of this document where the interpretation should remain consistent, and other sections where decisions should be made at the local level. Regulations are cited throughout this document. Once the MOU has been executed, dissemination and training to all levels of staff is critical. The local Ombudsman shall send a copy and any subsequent revisions to the State Ombudsman.

Background and Responsibilities of the (Local APS) and the (Local LTCOP)

(Local Adult Protective Services)

The Elder Abuse and Dependent Adult Civil Protection Act, W&I Code § 15600 et seq., establishes Adult Protective Services (APS) as the agency with the authority to investigate elder and dependent adult abuse in the community. Exceptions to this will be defined in this MOU. Statutory requirements for mandated reporters to report suspected elder abuse that has occurred in the community to APS is defined in W&I Code § 15630.

The goal of APS is to provide protective services to elders and dependent adults who are unable to protect their own interests or to care for themselves. APS is to prevent and remedy the abuse, neglect, or exploitation of elders and dependent adults who have been harmed or are at risk of harm. This is achieved by providing intervention activities directed toward safeguarding the well-being of our APS clients and/or linking the elder or dependent adult with appropriate community-based resources.

APS is mandated to cross-report to law enforcement reports of known or suspected physical abuse and neglect. With respect to financial abuse, APS shall first determine whether there is a reasonable suspicion of any criminal activity prior to making the cross-report. (W&I Code §15640(a)(i)). In responding to reports of suspected elder or dependent adult abuse and/or neglect, APS is required to:

Take the telephone report of abuse and advise the mandated reporter to which office to send the written report:

1. Cross-report to law enforcement known or suspected instances of criminal activity;
2. Conduct an investigation to determine the facts of the case:
    a. Establish whether the suspected abuse falls within the statutory definition of Abuse of an Elder or a Dependent Adult, (W&I Code §15610.07).
    b. Gather information regarding the suspected abuse incident from collateral contacts, if possible, and conduct separate face-to-face interviews with the suspected abuser and victim in order to:
        - Determine type(s) of abuse
        - Determine approximate duration/ frequency of abuse(s)
        - Determine the identity of the suspected abuser(s)

(Local Long Term Care Ombudsman Program)

The State Long-Term Care Ombudsman Program (LTCOP) is mandated by the federal Older Americans Act, 42 U.S.C. 3058g and by the Mello-Granlund Older Californians Act, Welfare and Institutions (W&I) Code § 9700-9741, to advocate on behalf of residents in long-term care (LTC) facilities. Furthermore, the Elder Abuse and Dependent Adult Civil Protection Act, W&I Code § 15630 et seq., establishes statutory requirements for mandated reporters to report elder abuse to the LTCOP.

The mission of the Office of the State Long-Term Care Ombudsman (OSLTCO) is to ensure the dignity, quality of life and care for all residents in LTC facilities primarily serving the elderly by empowering residents and advocating on behalf of those unable to act for themselves.

Under State and federal law, the LTCOP is charged with advocating for LTC residents, including:

1. Provide services to protect the health, safety, welfare, and rights of residents.
2. Ensure that residents have regular and timely access to services provided by the LTCOP and receive timely responses from representatives of the LTCOP.
3. Maintain an ongoing presence in Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs).
4. Represent the resident before governmental entities and seek administrative, legal, and other remedies.
5. Identify, investigate, and resolve complaints that are made by, or on behalf of, LTC residents that relate to action, inaction or decisions, that may adversely affect the health, safety, welfare, or rights of the residents.
6. Receive and investigate reports of suspected abuse alleged to have occurred in LTC facilities.

Under W& I Code § 15650(a), investigation of reports of known or suspected instances of abuse in LTC facilities shall be the responsibility of the Bureau of Medi-Cal Fraud and Elder Abuse, the local law enforcement agency, and the LTCOP.

Under W&I Code § 15650(f) each local LTCOP shall maintain an inventory of public and private agencies available to assist LTC residents who are victims of abuse. This inventory is used to refer cases of abuse in the event

- Evaluate whether abuse is likely to continue without agency intervention
- Take photographs of the abuse/neglect and obtain victim's written consent for release of medical, health, legal and financial records pertinent to the documentation of the abuse
- Share information regarding the abuse incident with law enforcement

3. Assess the ability and willingness of both the victim and abuser to participate in a plan to prevent further abuse; and to determine:
   - Appropriate intervention to protect victim
   - If the victim is willing to accept services to remedy or prevent abuse and to have APS proceed with the investigation
   - If the victim is unwilling to accept services, as APS cannot impose the services

4. Link the victim, abuser and other concerned parties with community resources, as needed.

When APS receives a report of abuse alleged to have occurred in a long-term care facility, APS shall refer the reporter to the LTCOP. However, if APS believes that the reporting party will not follow through with the referral, APS may accept the report and refer it to the LTCOP (APS Manual of Policies and Procedures 33-405).

that another agency has jurisdiction, the abuse is verified and further investigation is needed by law enforcement or a licensing agency, or the program does not have sufficient resources to provide immediate assistance.

The intent of this section is to acknowledge that the LTCOP responsibility in abuse cases is to receive reports, determine the validity of reports, refer verified abuse cases to appropriate agencies for further action as necessary, and follow up to complete required report information. Other LTCOP services shall be provided to the resident, as appropriate.

Abuse Reporting

(Local Adult Protective Services)

APS will:

- Immediately, or as soon as practicably possible, report by telephone to the LTCOP when abuse is alleged to have occurred in a LTC facility (W&I Code § 15630).
- Send a written copy of the abuse report within two working days.
- Give priority to "urgent" complaints referred by the LTCOP on a SOC 341 and/or CDA 223.

Reports received by APS outside of normal business hours that are within LTCOP jurisdiction shall be reported to the LTCOP by contacting the LTCOP CRISISline within ***<County to insert time line>***. Immediate response referrals received after normal business hours will be called to the State LTCOP CRISISline (1-800-231-4024) as soon as possible.

If APS or LTCOP receive cases that are outside of their jurisdiction, they will provide all information related to that referral to the other agency. (Note: LTCOP consent and confidentiality requirements do not extend to individuals that are not current or former long-term care facility residents).

If the reporting party is making a report which includes issues that likely would involve APS and the LTCOP, the reporting party shall be encouraged to make reports to both entities.

(Local Long Term Care Ombudsman Program)

LTCOP will:

- Request and obtain consent of the victim or legal representative to reveal his/her identity prior to sending a report to APS.
- Submit a “Report of Suspected Dependent Adult/ Elder Abuse” form (SOC 341) and/or a “Complaint from the Long-Term Care Ombudsman” form (CDA 223) to APS within ***<insert agreed-upon timeframe>***.

  When the LTCOP does not have consent to release their identities, the LTCOP may only cross-report to APS if all identifying information is redacted (e.g., resident name, ethnicity, room number, etc.).
- The LTCOP shall release to APS all reports of known or suspected criminal activity or “urgent” matters as described in this MOU, including redacted reports. Upon preliminary verification of an “urgent” complaint, the LTCOP will immediately fax information (redacted if consent is lacking) to APS.

Reports received by LTCOP outside of normal business hours that are within APS jurisdiction shall be reported to APS by contacting the APS hotline within ***<Program to insert timeline>***. Immediate referrals will be called to APS hotline as soon as possible.

If APS or the LTCOP receive cases that are outside of their jurisdiction, they will provide all information related to that referral to the other agency. (Note: LTCOP consent and confidentiality requirements do not extend to individuals that are not current or former long-term care facility residents).

If the reporting party is making a report which includes issues that likely would involve APS and the LTCOP, the reporting party shall be encouraged to make reports to both entities.

Confidentiality

(Local Adult Protective Services)	(Local Long Term Care Ombudsman Program)
APS records and reports of suspected elder or dependent adult abuse and information contained therein are considered strictly confidential and may only be disclosed to certain persons or agencies as stipulated by California W&I Code, § 15633.5. Per this statute, information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an APS agency, a local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau (Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse), or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse. The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency: an APS agency, a LTCOP, a licensing agency, and others as permitted by statute (W&I Code § 15633.5(b)). The identity of a person who reports may also be disclosed to the district attorney in a criminal prosecution, when a person reporting waives confidentiality, or by court order. Pursuant to statute (W&I Code, § 15633.5), APS and the LTCOP agree to maintain confidentiality of all records shared/disclosed as part of the MOU. As such, all APS and LTCOP staff is under an equal obligation to treat as confidential any information they may acquire, by any means, about any recipient of APS or LTCOP services. Information obtained via this agreement is solely for the purpose of providing services and assistance.	The files and records of the LTCOP may be disclosed only at the discretion of the State Ombudsman (or the person designated by the State Ombudsman to disclose the files and records). However, the State Ombudsman or designee does not have the discretion to disclose the identity of any complainant or resident. State and federal law prohibits the disclosure of the identity of any complainant or resident with respect to whom the LTCOP maintains such files or records unless: 1. the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing; 2. the complainant or resident gives consent orally and the consent is documented contemporaneously in a writing made by a representative of the Office that is witnessed by the representative and a third-party witness; or 3. disclosure is required by court order. The LTCOP will request consent of the resident or legal representative to reveal his/her identity prior to sending a report to APS. The LTCOP will cross report suspected abuse complaints (which have occurred outside of a LTC facility (e.g., abuse during a home visit, financial abuse occurring at a financial institution) to APS when the LTCOP has written or oral consent of the resident or the resident's legal representative, or a court order. The LTCOP will submit a "Report of Suspected Dependent Adult/Elder Abuse" form (SOC 341) and/or a "Complaint from the Long-Term Care Ombudsman" form (CDA 223) to APS. When the LTCOP does not have consent from all parties to release their identities, the LTCOP may only cross-report to APS, if identifying information is redacted (e.g., resident name, ethnicity, room number, etc.). The LTCOP shall release to APS agency reports of known or suspected abuse as described in this MOU, including redacted reports.

Joint Responsibilities of the (Local APS) and the (Local LTCOP)

The following responsibilities confirm the agreement between the LTCOP and APS for coordination of services and to share information between such agencies while adhering to consent and confidentiality requirements.

The (insert name of local LTCOP) and the (insert name of local APS) mutually agree to:
1. Maintain communication by convening pre-scheduled meetings between the LTCOP and APS ***(insert reasonable frequency)***. 2. Assign staff from APS and the LTCOP to serve as liaisons to respond to requests for policy or program interpretations, program operations information, and training information. 3. APS and the LTCOP will inform each other of any relevant changes pertaining to laws, regulations, policies, and procedures regarding the reporting and investigation of suspected abuse, as well as any relevant changes in APS and LTCOP operations including local program staffing. This information will be sent directly to APS and LTCOP liaisons. 4. If APS or the LTCOP have complaints, or are dissatisfied with the response to a complaint or inquiry, they will contact the designated liaison (or other designated person) to discuss and handle such matters as necessary. 5. For cases that require APS and LTCOP coordination, including a joint response, the designated liaison (or other designated person) will be the first point of contact. 6. If APS or LTCOP receive reports that are outside of their jurisdiction they will provide all information related to that referral without redaction to the other agency. 7. Exchange information regarding training opportunities. When the LTCOP conducts training sessions, APS personnel should be invited to attend. If appropriate, APS personnel should be invited to participate as trainers. Conversely, when APS conducts a relevant training session, LTCOP personnel should be invited to attend. If appropriate, LTCOP personnel should be invited to participate as trainers. 8. If a situation arises that this MOU does not sufficiently address, and further examination of jurisdiction is required, the first point of contact will be each agency's respective liaison. If the liaison does not have the authority to make a determination on such a matter, s/he will seek consultation utilizing current policies and procedures and render an answer to the other agency liaison. 9. This MOU is an agreement to work cooperatively and is subject to modification and amendment upon the request of either party and with mutual consent. 10. Either party to this MOU may modify or terminate the MOU upon written notice provided at least 30 days in advance to the other party.

Mutual Cooperation

The following responsibilities confirm the agreement between (local LTCOP) and (local APS) to provide mutual support and cooperation.

The (insert name of local LTCOP) and the (insert name of local APS) mutually agree that:

1. APS may refer to LTCOP complaints relating to abuse and neglect or any complaint that a resident may have regarding health, safety, welfare and rights.
2. APS may contact the LTCOP to obtain facility referrals including referrals for emergency placement or sheltering programs.
3. The LTCOP may contact APS to help with placement when a facility is closed.
4. In the event of a disaster, APS and the LTCOP shall coordinate efforts to find emergency placements. The agency with case jurisdiction will be the lead. The LTCOP can be contacted for referrals for such placements and for information about facilities affected by a natural or manmade disaster.
5. If a client is threatening to leave a facility against medical advice (AMA), a referral to the LTCOP can be made. If a client is leaving a facility AMA and there is a concern for the client's safety, the LTCOP will recommend that the facility make a referral to APS after the client leaves the facility.
6. If a client is being illegally transferred or discharged out of a facility or not allowed to return to a facility from a hospital, the LTCOP can assist in advocating for that client's right to remain at the facility or return to the facility. A referral to the LTCOP would be appropriate in this instance.
7. APS & LTCOP located in counties which frequently have clients hospitalized or placed in/from neighboring counties are encouraged to cooperate with sister entities in neighboring counties. It is recommended that they establish jurisdictional protocols to investigate abuse allegations and ensure clients are served and protected regardless of where the abuse occurred.

Jurisdictional Matrix

How to use the Jurisdictional Matrix

The jurisdictional matrix is designed to allow APS and the LTCOP, at the county level, to determine jurisdiction and then customize the MOU. An extensive number of scenarios are provided which include the following areas: the type of abuse, where the client lives, who the suspected abuser is, where the abuse occurred, and the type of abuse. Counties can customize this MOU by selecting (indicating with a check mark) the type of abuse and which agency has jurisdiction for each of the proposed combinations of scenarios. The workgroup has recommended **best practice selections in bold type**; however, counties may elect to make their own selections. The following references were used in developing the jurisdictional matrix:

- Coordination between Long-Term Care Ombudsman and Adult Protective Services Programs and Related Issues: Report on a Meeting Sponsored by Administration on Aging, October 1993
- State Ombudsman Procedure Clarification Letters for Local Long-Term Care Ombudsman Programs
- California Health & Safety Code (cited throughout this document)
- California Welfare & Institutions Code (cited throughout this document)
- California Manual of Policy and Procedures for Adult Protective Services (http://www.dss.cahwnet.gov/ord/PG313.htm)
- Mello-Granlund Older Californians Act
- Federal Older Americans Act, 42 U.S.C. 3058g

Long-Term Care Facility Types

For the purposes of investigation of suspected elder and dependent adult abuse, Long-Term Care Facility types are defined in Welfare and Institutions Code section 15610.47, which refers to Health and Safety Code sections 1418(a) and 1502(a)(1),(2).

These facilities include:

- Skilled nursing facilities (SNF), distinct parts of acute hospitals that are licensed as SNFs (aka sub-acute, transitional care units) intermediate care facilities, intermediate care facilities for the developmentally disabled (including habilitative and nursing), nursing facilities congregate living health facilities, residential care facilities for the elderly (aka: assisted living, board and care), adult residential facilities, adult day health care, adult day care, continuing care retirement communities (CCRC)[*] and unlicensed community care facilities.

- Health and Safety Code section 1569.44 defines an unlicensed community care facility as a location that is not exempt from licensure and where any of the following exist: the facility is providing elements of care and supervision, the facility represents itself as providing care and supervision, the facility represents itself as a licensed facility, or the facility accepts or retains clients who require care and supervision.

[*] Even residents living within an independent living section of a CCRC are considered residents of a LTC facility.

When the client is:	And the suspected abuser is:	And the abuse occurs:	And the abuse type is:	The agency to respond will be:
In a LTC facility	Resident or Staff (includes contracted staff)	Within the facility or Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☑ **Ombudsman**
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ **Ombudsman** ☐ APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ **Ombudsman** ☐ APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	N/A	☐ Financial *Non-payment of facility bill*	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ **APS**
In a Continuing Care Retirement Community (CCRC), resident living in the independent side of the facility	Staff (includes contracted staff)	Within the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ **Ombudsman**[*] ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
In a CCRC, resident living in the independent side of the facility	Resident	Within the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ **Ombudsman** ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS

[*] Ombudsman has jurisdiction as the building is licensed under the RCFE or SNF

When the client is:	And the suspected abuser is:	And the abuse occurs:	And the abuse type is:	The agency to respond will be:
In a CCRC, resident living in the independent side of the facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** **☐ Ombudsman** ☐ APS
In a CCRC, resident living in the independent side of the facility	Staff (includes contracted staff)	Outside the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** **☐ Ombudsman** ☐ APS
In a CCRC, resident living in the independent side of the facility	Resident	Outside the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** **☐ Ombudsman** ☐ APS
In a CCRC, resident living in the independent side of the facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the CCRC	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman **☐ APS**
Living in a Non-licensed Community Care Facility (facility should be licensed)	Staff (includes contracted staff) or Resident	Within the facility or Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman **☐ APS**
Living in a Non-licensed Community Care Facility (facility should be licensed)	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman **☐ APS** ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
A licensed Adult Day program	Resident or Staff (includes contracted staff)	Within the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	**☐ Ombudsman** ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS

When the client is:	And the suspected abuser is:	And the abuse occurs:	And the abuse type is:	The agency to respond will be:
A licensed Adult Day program	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ **APS**
A licensed Adult Day program	Resident or Staff (includes contracted staff)	Outside the facility (for example, on a field trip)	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ **Ombudsman** ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
A licensed Adult Day program	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility (for example, on a field trip)	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ **APS**
In an Acute Care Hospital or Psych Hospital	Staff, other patients or non staff (including family/friends, legal and financial professionals, visitors)	Within the hospital or within the community (e. g. individual was neglected at home resulting in hospitalization. Must have been an elder or dependent adult at the time of the abuse)	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☑ **APS**
In an Acute Care Hospital or Psych Hospital	An employee of a licensed facility	In a long term care facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ **Ombudsman** ☐ APS ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Staff (includes contracted staff) or Resident	Within the facility or Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ **APS** ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS

When the client is:	And the suspected abuser is:	And the abuse occurs:	And the abuse type is:	The agency to respond will be:
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ **APS** ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	☐ Physical ☐ Sexual ☐ Neglect ☐ Self Neglect ☐ Financial Other________	☐ Ombudsman ☐ **APS** ☐ Both **Lead will be:** ☐ Ombudsman ☐ APS
Prisons and jails				Neither program has jurisdiction (for prisons, refer to California Dept of Corrections and Rehabilitation; for jail, refer back to local law enforcement)
State Hospitals and Developmental Centers				Neither program has jurisdiction (report may be made to the designated investigator at the Department of State Hospitals or Developmental Center or local law enforcement)

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ATTACHMENT 1

(Local Adult Protective Services)
Contact List

A. The contact person for (local APS) for policy issues and general liaison responsibilities shall be:

(enter name, address, contact information)

B. The back-up liaison if/when (named person A) is not available for the local APS agency shall be:

(enter name, address, contact information)

ATTACHMENT 2

(Local LTCOP)
Contact List

A. The contact person for the local LTCOP for policy issues, training, legislation and general liaison responsibilities shall be:

(enter name, address, contact information)

B. The back-up liaison if/when (named person A) is not available for the local LTCOP shall be:

(enter name, address, contact information)

ATTACHMENT 3

Optional Language

H. GOVERNING LAW. This MOU shall be governed by, interpreted under and construed and enforced with the laws of the state of California.

I. AMENDMENT. No variation, modification, change or amendment of this MOU shall be binding on either party unless such variation, modification, change or amendment is in writing and duly authorized and executed on behalf of the District, its governing board or its authorized designee. This MOU shall not be amended or modified by oral agreements or understanding between the parties or by any acts or conduct of the parties.

J. ENTIRETY. This MOU constitutes the entire agreement between the parties with respect to the subject matter of this MOU and supersedes all prior and contemporaneous agreements and understandings.

K. NO THIRD PARTY BENEFICIARY/SUCCESSORS AND ASSIGNS. This MOU is made and entered into for the cooperation of the parties in providing services. No other person or entity may assert rights based upon any provision of this MOU.

L. SEVERABILITY. If any provision of this MOU shall be determined to be invalid, illegal or unenforceable to any extent, the remainder of this MOU shall not be affected and this MOU shall be construed as if the invalid, illegal or unenforceable provision had never been contained in this MOU.

M. INTERPRETATION. Both parties have been represented by counsel in the preparation and negotiation of this MOU. Accordingly, this MOU shall be construed according to its fair language and any ambiguities shall not be resolved against the drafting party.

This MOU was drafted with the purpose of filling gaps in services provided to elder and dependent adults. If there is change in the statutory and regulatory scheme of the APS and/or LTCOP programs, the changes are binding on the parties.

N. TERMINATION. Either party may terminate this MOU upon a written 30-day notice.

O. NOTICES. For purposes of this MOU, notices shall be sent as follows:

To: [INSERT NOTICE CONTACTS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the date shown:

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MEMORANDUM OF UNDERSTANDING

Between the
(Local Public Guardian Program)
and
(Local Adult Protective Services)

For

Coordination of Services Regarding Investigations of
Suspected Elder and Dependent Adult Abuse

Effective (Date)

________________________________	________________________________
Name of APS Program Administrator	Name of PG Program Coordinator
Name of APS Agency	Name of Public Guardian
Address	Address

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Introduction and Purpose

A group of stakeholders from across California came together to address common issues pertaining to local Adult Protective Services (APS) and local Public Guardian (PG) programs with regard to the investigation and disposition of reports of suspected abuse and neglect of elders and dependent adults.

Relationships between the Public Guardian and Adult Protective Services vary greatly between jurisdictions. In fact, no two counties in California manage their Public Guardian and Adult Protective Services programs the same. The purpose of this MOU is to give an option to help provide clarification of each agency's respective role and address jurisdictional and dispositional issues with the ultimate goal to increase communication and collaboration, address gaps in services, and enhance outcomes for elders and dependent adults.

Nothing in the APS Manual of Policy and Procedures or in the California Probate Code or California Rules of Court precludes cooperation between APS and PG. In fact, as one of the entities entitled to confidential APS information under W & I Code 15633.5, the California legislature clearly intended that the Public Guardian work closely with APS to protect elder and dependent adult abuse victims. Persons needing the extreme remedy of a public conservatorship are best served by early identification and referral to PG by APS. Because the PG has the unique authority under Probate Code 2900 to seize or freeze assets that are subject to loss, injury, waste, or misappropriation, is a neutral public entity subject to County audit controls as well as Superior Court, and is usually less costly than a private fiduciary, it is essential that APS workers be trained to properly identify individuals who both need this level of protection and for whom a conservatorship will be the least restrictive alternative.

The goal of this MOU is to maximize effectiveness of APS referrals to PG by providing a clear statement of each program's criteria and expectations for inter-program communication. Chronic understaffing of California APS and PG programs necessitates that APS and PG workers not devote time and effort pursuing conservatorship for cases that do not meet the standard of proof required for the court OR in which there is no imminent threat to person or estate.

This document will be reviewed as needed, in response to substantive legislative changes.

How to Use this MOU

The laws and regulations that provide guidance to APS and PG allow for varied interpretations of roles, as they relate to jurisdiction and disposition for both agencies. These laws and regulations allow both APS and the PG to take a more inclusive approach to identifying issues and working together to respond to and dispose of reports of abuse and neglect. However, it is recognized that Public Guardian staffing limitations can affect a County's ability to accept referrals and petition for conservatorship on cases that the PG is not mandated to serve under Probate Code § 2920.

This MOU was designed as a menu: to give the APS and PG parties involved a host of options. Participants are encouraged, at a local level, to choose the options which best suit their needs/interests, to alter the given language in favor of more jurisdictionally appropriate terms, and/or to delete or amend whole sections of the document. This MOU was not meant as a final word on PG/APS interaction, rather, it was designed as a jumping-off point to initiate conversation and to improve collaboration and communication.

Regulations are cited throughout this document. Once the MOU has been executed, dissemination and training to all levels of staff is critical.

Mutual Cooperation

The following general responsibilities confirm the agreement between (local PG) and (local APS) to provide mutual support and cooperation.

The (insert name of local PG) and the (insert name of local APS) mutually agree that:

1) APS will determine whether the threshold burden of proof to warrant a conservatorship can be met by obtaining medical verification of a persistent and chronic cognitive deficit in at least one of four major functions required by the court to establish a conservatorship:
   - Alertness & attention (orientation to time, person, place, situation
   - Information processing (short & long-term memory)
   - Thought processes (hallucinations, delusions, disorganized thinking)
   - Ability to modulate mood and affect (euphoria, anxiety, anger, etc.)

2) APS will further obtain evidence that deficit/s listed above are causing the client to be unable to resist undue influence or fraud, or is substantially unable to handle financial affairs AND/OR cannot properly take care of her/his personal needs for physical health, food, clothing, or shelter.

3) APS will rule out suitable less restrictive alternatives to public conservatorship by documenting in the case record a search via interview of client and all known contacts, including client's attorney regarding existing trust or durable power of attorney for health care and/or finances. If either is found, case record must document interview of successor trustee or agent under DPOA to determine availability and suitability to take over management of client's health care and/or finances. Case record must also document interview with the alleged perpetrator that, along with other evidence can be used to verify or rule out accusations of abuse or neglect.

4) APS will gather as much information as possible regarding the client's income and assets and all known family members when completing the Public Guardian referral leaving no blank spaces. If information is unknown, then unknown will be documented in that section.

5) APS will conduct a joint home visit if the request is made from the PG to facilitate the referral process and to introduce the client.

6) APS will update the PG with any changes to the client's situation as well as any additional abuse reports received.

7) PG may be available for consultation in advance of formal referral, to render an opinion, based on information provided, whether situation appears to warrant conservatorship.

8) PG will acknowledge the receipt of the conservatorship referral within a mutually agreed upon time frame.

9) PG will provide pertinent updates to APS regarding client's situation that may impact the APS investigation as well as the outcome of the conservatorship process.

10) PG will make a reasonable attempt to regularly attend the APS multidisciplinary team meeting to assist with collaboration and communication as requested by APS.

Specific Commitment and Reporting Section

Adult Protective Services will generate a referral to the County Public Guardian as soon as capacity issues are identified AND the following criteria are met:

1) No jurisdictional conflicts exist (e.g. a Regional Center client who may be better served through that Conservatorship process).

AND

2a) The individual is determined to be in an unsafe living situation due to a confirmed finding of self-neglect as a result of medically documented mental deficits listed in #1, under "Mutual Cooperation";

OR

2b) The individual is unable to protect her/himself from abuse or neglect by others as a result of medically documented deficits listed in #1, "Mutual Cooperation."

AND

3a) A search has been conducted to find family, friends willing to file for conservatorship or a successor trustee, or an agent under durable power of attorney willing and appropriate to take appropriate actions to protect the individual in question, and none were found;

OR

3b) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question, but who have refused to intervene on their behalf;

OR

3c) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question and APS has determined through vetting that the family or friends are inappropriate/not-capable of protecting the individual in question;

OR

3d) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question, but follow-up (either during the current investigation or subsequent investigations) has found a substantial lack of follow-through and/or an unwillingness to proceed with conservatorship, exercise of duties as a successor trustee or agent under durable power of attorney or a protection plan.

For the purposes of this MOU, an appropriate "search" is defined as:______________________
____

Examples include: a) Thorough – all attempts to locate family/friends, successor trustee, agent under DPOA have been made by APS, b) Reasonable – attempts to locate family/friends, successor trustee, agent under DPOA have been made and the PG will complete the search/investigate leads, c) Cursory – the PG is responsible for most search functions, and APS is only required to disclose initial names/leads.

AND

4) A suitable capacity declaration has been completed by a physician, psychologist, or religious healing practitioner who has determined that the individual in question has mental deficits in at least one of four major areas described in #1, "Mutual Cooperation."

For the purposes of this MOU, a "suitable capacity declaration" is defined as: _______________
____

Examples include: a) APS is responsible for obtaining the Capacity Declaration as a critical step in determining whether the client's mental status meets the standard of proof for conservatorship, b) A GC-335 form, filled-out by the client's primary care physician is acceptable, c) A thorough evaluation completed by an individual who specializes in geriatrics.

5) If requested, participate in regular case staffing with the PG's Office regarding the status of referred cases.

6) Furnish information sought by the Public Guardian's Office as requested to proceed with the referral. This may include providing an update to the PG investigator within a mutually agreed upon time after each face to face visit and after any substantial client contact, for example, the advent of a new family member or a change in the health status of the individual.

For the purposes of this MOU, the furnishing of information by APS shall be handled in the following way(s):____

Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

7) Continue to case manage, through APS or through an outside case management agency, the individual in question until PG is appointed or a determination is made by the PG's Office to not file a petition for conservatorship.

For the purposes of this MOU, "case manage" is defined as: ______________________________
____

Examples include: a) Face to face visits between the client and a Social Worker at least once every thirty days, b) Regular telephonic contact between the client and the Social Worker, as well as appropriate follow-up for needed items, c) The Social Worker is responsible for returning any phone calls related to the matter and/or furnishing any needed documents.

The Public Guardian will respond to the referral generated by Adult Protective Services in the following ways:

1) Acknowledge the referral from APS within a mutually agreed upon time of receipt.

   For the purposes of this MOU, receipt of the referral by the PG shall be handled in the following way:____. Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

2) The PG will investigate and make a determination within a mutually agreed upon time whether they are going to move forward with petitioning for conservatorship.

   For the purposes of this MOU, determination by the PG shall be handled in the following way: ____. Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

3) Provide an update as to the status of all pending APS referrals as requested by APS.

   For the purposes of this MOU, updates from the PG shall be handled in the following way: ____. Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

4) Notify APS as soon as practically possible when a determination has been made regarding negative disposition of the referral (for example, if the petition for conservatorship is not granted;

   AND/OR

   After any significant developments (for example, a rejection of the capacity declaration);

   AND/OR

   The referral doesn't meet PG referral criteria.

   For the purposes of this MOU, proper notification from the PG shall be handled in the following way:___________________________________. Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

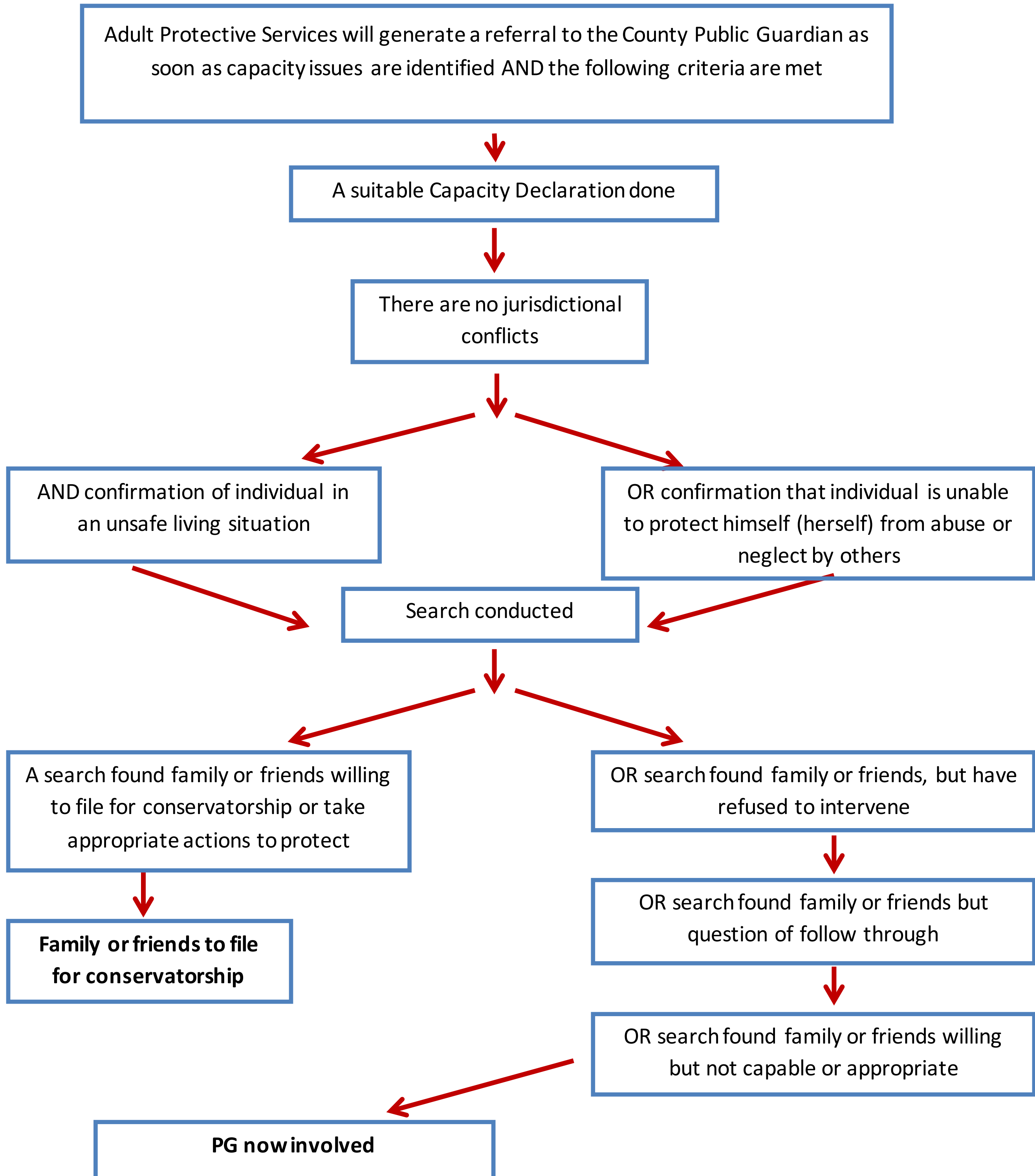
5) Notify APS as soon as practically possible when a determination has been made regarding positive disposition of the referral (for example, if the Judge grants conservatorship or grants conservatorship with restrictions).

   For the purposes of this MOU, proper notification from the PG shall be handled in the following way: ____. Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

Adult Protective Services AND the Public Guardian will communicate regarding joint cases in the following way(s): ____
____
____
____

Examples include: a) A face to face staffing on the first Tuesday of each month, b) A bi-weekly conference call on the second and fourth Thursdays at 3:00 PM, c) A written update, produced by the PG, regarding the status of each client to be distributed to APS management by the second Wednesday of each month, d) A joint log kept on the County server updated by both APS and the PG by the third Monday of each month.

APS & PG MOU Reporting Flow Chart



APS & PG Referral Form

When Adult Protective Services is alerted to an abuse or neglect issue and determines that the client may require the services of the Guardian's office, the Social Worker is encouraged to fill-out a standardized PG referral form that has been approved and adopted by that county.

Essential elements of this referral form are:

- Client Identification Information
- Nature of Referral to APS
- Presenting Problems
- Justification for a Probate Conservatorship
- History of APS Referrals
- Client Environment
- Client supports & Family/Friends including contact information
- Client's Physical and Mental Health including diagnosis
- Screening Tools Administered and Score(s)
- Other Agencies Involved
- Corroborating Information
- Desired Outcome
- History of Referrals to APS and/or the PG
- Medications
- Capacity Declaration (if a County requirement)

Jurisdictions are welcome to add or subtract to this list, or to leave any current referral forms intact, as they see fit. After completion the APS Social Worker reviews it with their supervisor for approval, and then forwards to the Public Guardian.

APS & PG Multi-Disciplinary Team Meeting

If this jurisdiction provides for a joint Multi-Disciplinary Team Meeting (see Reporting section re: communication between agencies), the above form provides an excellent catalyst for referral and discussion. For the purposes of this MOU the recommendation is for the MDT to meet on a monthly basis and that all persons involved in the MDT are specialized at serving this population, for example:

- PG Investigators and Staff
- APS Social Workers, Supervisors, Managers and Directors
- Geriatricians
- County Counsel
- Mental Health
- Court Advocates
- Regional Center Staff
- Probate Court Investigators
- Long-Term Care Ombudsman
- Other Professionals Involved in Specific Cases (Hospital Social Workers, Visiting Nurses, Etc.)
- County Counsel representing the Public Guardian

The Social Worker presents the information on the form to the MDT group and a discussion is held. Problem solving ideas are presented, and if it is decided that conservatorship might be an option, the Social Worker is asked to submit a referral packet that includes the Capacity Declaration or some other documentation or evidence that supports client's incapacity (whichever is required by the particular County) and a copy of the APS case records to the Public Guardian's office for investigation. If conservatorship is deemed not appropriate the case is referred back to APS for disposition.

If moving forward with an assessment, if appropriate, it is recommended that the PG and APS conduct a joint face-to-face interview with the client. Until conservatorship is granted or denied, the cases may be discussed at the monthly MDT for status/updates. If at any time (either due to circumstances or because of Court action) conservatorship is deemed not appropriate the case is referred back to APS for disposition.

Some general notes:

- This MDT may fold into an Elder Abuse and Neglect MDT already in effect in a respective jurisdiction. Non-county employees should be asked to sign a confidentiality agreement. Any written material distributed during the meeting must be collected at the end of the meeting.
- This Memorandum of Understanding does not indicate a preference for an in-person meeting, a teleconference, a shared file, or for a combination; regular communication and the exchange of information between APS and the PG is the important thing.

Statutes

PROBATE CODE

DIVISION 4. GUARDIANSHIP, CONSERVATORSHIP, AND OTHER PROTECTIVE PROCEEDINGS

Part 5 Public Guardian

Chapter 3. APPOINTMENT OF PUBLIC GUARDIAN § 2920. APPLICATION FOR APPOINTMENT; COURT ORDER; NOTICE AND HEARING:

(a) If any person domiciled in the county requires a guardian or conservator and there is no one else who is qualified and willing to act and whose appointment as guardian or conservator would be in the best interests of the person, then either of the following shall apply:

(1) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if there is an imminent threat to the person's health or safety or the person's estate.

(2) The public guardian may apply for appointment as guardian or conservator of the person, the estate, or the person and estate in all other cases.

(b) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if the court so orders. The court may make an order under this subdivision on motion of an interested person or on the court's own motion in a pending proceeding or in a proceeding commenced for that purpose. The court shall order the public guardian to apply for appointment as guardian or conservator of the person, the estate, or the person and estate, on behalf of any person domiciled in the county who appears to require a guardian or conservator, if it appears that there is no one else who is qualified and willing to act, and if that appointment as guardian or conservator appears to be in the best interests of the person. However, if prior to the filing of the petition for appointment it is discovered that there is someone else who is qualified and willing to act as guardian or conservator, the public guardian shall be relieved of the duty under the order. The court shall not make an order under this subdivision except after notice to the public guardian for the period and in the manner provided for in Chapter 3 (commencing with Section 1460) of Part 1, consideration of the alternatives, and a determination by the court that the appointment is necessary. The notice and hearing under this subdivision may be combined with the notice and hearing required for appointment of a guardian or conservator.

(c) The public guardian shall begin an investigation within two business days of receiving a referral for conservatorship or guardianship.

CREDIT(S)

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2006, c. 493 (A.B.1363), § 32.)

LAW REVISION COMMISSION COMMENTS

1990 Enactment

Section 2920 continues Section 2920 of the repealed Probate Code without change. For general provisions, see Sections 1000-1004 (rules of practice), 1020-1023 (petitions and other papers), 1040-1050 (hearings and orders), 2103 (effect of final order). For general provisions relating to notice of hearing, see Sections 1200-1221, 1460-1469. See also Sections 1260-1265 (proof of giving notice).

Section 2920 applies even though a person may be institutionalized in a facility in another county if the person is domiciled in the county of the public guardian. Even though there may be other persons qualified and willing to act, their appointment may not be in the best interest of the ward or conservatee. This could occur, for example, where a neutral party is needed because of family disputes. In such a situation, a public guardian is not liable for failure to take possession or control of property that is beyond the public guardian's ability to possess or control. See Section 2944 (immunity of public guardian).

The court may order appointment of the public guardian only after notice to the public guardian and a determination that the appointment is necessary. The determination of necessity may require the court to ascertain whether there is any other alternative to public guardianship, and whether the public guardianship is simply being sought as a convenience or as a strategic litigation device by the parties involved. Alternative means of resolving the situation, besides appointment of the public guardian, could include such options as use of a private guardian or appointment of a guardian ad litem, in an appropriate case.

Subdivision (b) permits the special notice to the public guardian and hearing under this subdivision to be combined with a general notice and hearing for appointment of a guardian or conservator, in the interest of procedural efficiency.

Background on Section 2920 of Repealed Code

Section 2920 was added by 1988 Cal.Stat. ch. 1199 § 72. The section superseded the first, second, and a portion of the third sentences of former Welfare and Institutions Code Section 8006. For background on the provisions of this part, see the Comment to this part under the part heading. [20 Cal.L.Rev.Comm.Reports 1001 (1990)].

Confidentiality

Public Guardian (PG)

The Public Guardian (PG) agrees to maintain the confidentiality of Adult Protective Services (APS) records as required by California Welfare and Institutions Code, Section 10850, 15633 and 15633.5, as well as the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

PG may share confidential information with APS only as necessary and appropriate for the purpose of treatment, including coordination of care/case management. The parties, and their respective directors, officers, employees and agents shall hold such confidential information in strict confidence and shall not disclose the same unless permitted or required by law. The following sections of the Welfare and Institutions Code reference confidentially of APS materials: Section 10850 states that "all applications and records concerning any individual made or kept by any public officer or agency… shall be confidential." Section 15633.5 states that all reports made by both mandated and non-mandated reporters are confidential and any information contained in such reports may be disclosed only to certain individuals and agencies, and under clearly defined circumstances. Section 15633 (b) (2) (A) permits the disclosure of elder and dependent adult abuse information to members of multidisciplinary personnel teams (MDT). MDT is defined under WIC 15610.55.

WIC 15754 stipulates that MDTs may disclose information as follows. (a) Notwithstanding any provision of law governing the disclosure of information and records, persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records which are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons. (b) Expect as provided in subdivision (a), any personnel of the multidisciplinary team that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures that maximum protection of privacy and confidentiality rights. In regards to APS records consult with County Counsel.

Adult Protective Services (APS)

APS records and reports of suspected elder or dependent adult abuse and information contained therein are considered strictly confidential and may only be disclosed to certain persons or agencies as stipulated by California W&I Code, 15633.5. Per this statue, information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an APS agency, local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau (Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse), or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse.

The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency: and APS agency, PG, a Long Term Care Ombudsman Program, a licensing agency, and other as permitted by statute (W&I Code 15633.5(b)).

The identity of a person who reports may also be disclosed to the district attorney in a criminal prosecution, when a person reporting waives confidentiality, or by court order.

Pursuant to statue (W&I Code, 15633.5), APS and the PG agree to maintain confidentiality of all records shared/disclosed as part of the MOU. As such, all APS and PG staff are under an equal obligation to treat as confidential any information they may acquire, by any means, about any recipient of APS or PG services. Information obtained via this agreement is solely for the purpose of providing service and assistance.

Local Contacts

(Local APS)

A. The contact person for (local APS) for policy issues and general liaison responsibilities shall be:

(enter name, address, contact information)

B. The back-up liaison if/when (named person A) is not available for the local APS agency shall be:

(enter name, address, contact information)

(Local PG)

A. The contact person for the local PG for policy issues, training, legislation and general liaison responsibilities shall be:

(enter name, address, contact information)

B. The back-up liaison if/when (named person A) is not available for the local PG shall be:

(enter name, address, contact information)

Optional Language

A. GOVERNING LAW. This MOU shall be governed by, interpreted under and construed and enforced with the laws of the state of California.

B. AMENDMENT. No variation, modification, change or amendment of this MOU shall be binding on either party unless such variation, modification, change or amendment is in writing and duly authorized and executed on behalf of the District, its governing board or its authorized designee. This MOU shall not be amended or modified by oral agreements or understanding between the parties or by any acts or conduct of the parties.

C. ENTIRETY. This MOU constitutes the entire agreement between the parties with respect to the subject matter of this MOU and supersedes all prior and contemporaneous agreements and understandings.

D. NO THIRD PARTY BENEFICIARY/SUCCESSORS AND ASSIGNS. This MOU is made and entered into for the cooperation of the parties in providing services. No other person or entity may assert rights based upon any provision of this MOU.

E. SEVERABILITY. If any provision of this MOU shall be determined to be invalid, illegal or unenforceable to any extent, the remainder of this MOU shall not be affected and this MOU shall be construed as if the invalid, illegal or unenforceable provision had never been contained in this MOU.

F. INTERPRETATION. It is recommended that both parties consult with counsel in the preparation and negotiation of this MOU. Accordingly, this MOU shall be construed according to its fair language and any ambiguities shall not be resolved against the drafting party.

This MOU was drafted with the purpose of filling gaps in services provided to elder and dependent adults. If there is change in the statutory and regulatory scheme of the APS and/or PG programs, the changes are binding on the parties.

G. TERMINATION. Either party may terminate this MOU at any time..

H. NOTICES. For purposes of this MOU, notices shall be sent as follows:

To: [INSERT NOTICE CONTACTS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the date shown:

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APS California Cross-Reporting and Referral Guide 2014

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APS California Cross-Reporting and Referral Guide 2014

This document is designed for use by the APS worker and APS Hotlines as a guide to cross-reporting and referring to other agencies who may be able to assist in all or part of an Adult Protective Services investigation. This guide is an enhancement and update to the grid in the All County Letter 00-16 dated February 28, 2000. Since 2000, there has been an increase in the number of agencies that may be useful in the investigation of elder and dependent adult abuse as well has changes and merges of existing agencies documented in the ACL where cross reports must be completed. The guide will help determine which agency may be used as a resource and how to go about reporting to that agency. In some cases reports can only be made with the client's permission or with the client taking the lead, and in some cases cross-reporting is mandated and the APS worker must inform or involve other agencies. This guide is meant to be used as an electronic copy and contains hyperlinks within the documents and links to external references throughout. Each county is encouraged to add county-specific contact information and/or local guidance for each agency listed. This document does not imply or require listed agencies to provide any specific action to APS or to APS clients but is only a reference for possible referral and assistance.

General references below and each agency in the guide contain specific legal or program reference when applicable:

California Welfare & Institutions Code ("W&IC") section 15640. (a) (1) An adult protective services agency shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case any known or suspected instance of criminal activity, and to any public agency given responsibility for investigation in that jurisdiction of cases of elder and dependent adult abuse, every known or suspected instance of abuse pursuant to Section 15630 or 15630.1 of an elder or dependent adult. A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision.

Manual of Policy and Procedure Adult Protective Services Program section 33-130 (2) "Public agency" means the agency with the statutory authority to investigate known or suspected abuse of an elder or dependent adult.

(A) This definition of "public agency" has a more limited scope than what is generally recognized as a public agency, and applies only for the purposes of the adult protective services program under this division.

- Examples of public agencies may include, but are not limited to: adult protective services agencies; Office of the Long-Term Care Ombudsman; California Department of Mental Health; California Department of Developmental Services; California Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse; California Department of Consumer Affairs, Division of Investigation; licensing agencies; and professional licensing agencies.
- Professional licensing agency includes the various agencies, boards, bureaus, commissions, committees, departments, divisions, examining committees, or programs of the California Department of Consumer Affairs with the authority to issue a license, certificate, registration, or other means to engage in a business or profession regulated by the California Business and Professions Code. Examples include the Board of Dental Examiners, Board of Registered Nursing, Board of Behavioral Sciences, Medical Board of California, etc.

MPP 33-405.2 2 When jurisdiction to investigate reports of known or suspected abuse or neglect is shared with another public agency, county, or state, the adult protective services agencies shall investigate the specific allegations contained in the report that are within the adult protective services agency's jurisdiction, and cross report, as specified in Section 33-515.1, all other issues to the appropriate agency.

Agency Name (By Type)

Department/Bureau

Bureau of Indian affairs

Department of Business Oversight

Department of Consumer Affairs

Department of Developmental Services

Department of Health Care Services; Mental Health Services Division

Department of Health Services Licensing and Certification

Department of Insurance

Department of Justice Medi-Cal Fraud

Department of Real Estate

Federal Trade Commission

Financial Industry Regulator Authority

Law Enforcement Type Agency

Coroner Office/Medical Examiner

FBI

Homeland Security

Law Enforcement

United States Postal Inspector

United States Secret Services

US Immigration and Customs Enforcement (ICE)

California Highway Patrol

Legal

District Attorney

LPS Conservator

Probate Conservator

Public Guardian

State Bar Associations

Licensing

Community Care Licensing

Medical Board of California

Mental Health Treatment Licensing

California Board of Behavioral Sciences

California Board of Registered Nursing

Other

Animal Control

Code Enforcement

Fire Department

In Home Supportive Services

Public Authority

Public Health

Regional Center

Veterans Affairs

California Fire Department

Protective

APS in Other Counties

Long Term Care Ombudsman

Child Protective Services

Agency Name (Alphabetical List)

1. Animal Control
2. APS in Other Counties
3. Bureau of Indian Affairs
4. California Board of Behavioral Sciences
5. California Board of Registered Nursing
6. California Fire Department
7. California Highway Patrol
8. Child Protective Services
9. Code Enforcement
10. Community Care Licensing
11. Coroner Office/Medical Examiner
12. Department of Business Oversight (formerly Department of Corporations and Department of Financial Institutions)
13. Department of Consumer Affairs
14. Department of Developmental Services
15. Department of Health Care Services; Mental Health Services Division
16. Department of Health Services Licensing and Certification
17. Department of Insurance
18. Department of Justice Medi-Cal Fraud
19. Department of Real Estate
20. District Attorney
21. FBI
22. Federal Trade Commission (FTC)
23. Financial Industry Regulator Authority
24. Fire Department
25. Homeland Security
26. In Home Supportive Services
27. Law Enforcement
28. Long Term Care Ombudsman
29. LPS Conservator
30. Medical Board of California
31. Mental Health Treatment Licensing
32. Probate Conservator
33. Public Authority
34. Public Guardian
35. Public Health
36. Regional Center
37. State Bar Associations
38. United States Postal Inspector
39. United States Secret Services
40. US Immigration and Customs Enforcement (ICE)
41. Veterans Affairs

Agency Name:	**ANIMAL CONTROL**
Agency Description:	Animal control jurisdictions in California mainly respond to assistance calls for abandoned, loose, or dangerous animals. They also: provide comfortable, humane shelters and care to animals; use adoption, education, and veterinary medical programs as an alternative to euthanasia; and seek lifetime homes for the pets they place.
What to Report:	Assistance calls for abandoned, loose, or dangerous animals. Including animals which may have bitten or injured a senior or dependent adult.
Contact Information /Where to Report:	Local city and county jurisdictions. http://cacda.org/home/index.php?Itemid=7 for local animal shelter and humane society information
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	The Animal Control agency will usually take a report over the phone and triage the case based on the nature of the emergency. If an elder or a dependent adult has been injured by an animal, or if a dangerous animal is at large, APS workers needing an immediate response should call 911.
APS responsibility or what to expect:	The Animal Control agency will request the caller's name, contact information, and how they came to find out about the incident.
Legal citations, W&I code or specific policy information:	none
Reporting Vehicle/Format:	phone
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**APS in other counties**
Agency Description:	Each California county is required to maintain an APS agency to help elder adults (65 years and older) and dependent adults (18-64 who are disabled), when these individuals are unable to meet their own needs, or are victims of abuse, neglect or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes and hotels or hospitals and health clinics when the abuser is not a staff member.
What to Report:	Adult Protective Services allegations where it is determined that the client no longer lives in the responding county's jurisdiction. This includes APS concerns on an Inter-County Transfer (ICT)

	In-Home Supportive Services case.
Contact Information/Where to Report:	http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	To report Elder/Dependent adult abuse or neglect to the appropriate jurisdiction and provide any follow-up information as available/necessary.
APS responsibility or what to expect:	The receiving county should generate the appropriate SOC 341 for their jurisdiction.
Legal citations, W&I code or specific policy information:	APS Manual of Policies and Procedures section 33-515.2 http://www.dss.cahwnet.gov/ord/PG313.htm
Reporting Vehicle/Format:	SOC 341 http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**Bureau of Indian Affairs**
Agency Description:	The Bureau of Indian Affairs' mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes and Alaska Natives. Under the mission area of Serving Communities, the Human Services Program supports the Department's Strategic Goal to Advance Quality Communities for Tribes and Alaska Natives by improving welfare systems for Indian Tribes and Alaska Natives. Human Services consists of direct funding and activities related to social services, welfare assistance, Indian child welfare, and program oversight. The objective of this activity is to improve the quality of life for individual Indians that live on or near Indian reservations and to protect the children, elderly and disabled from abuse and neglect. The activity also provides child abuse and neglect services and protective services to Individual Indian Monies (IIM) supervised account holders who are minors, adults in need of assistance, adults under legal disability, and adults found to be non compos mentis.
What to Report:	Elder or dependent adults on tribal lands in need of financial or social services using the Application for Financial and Social Services.
Contact Information/Where	**Mailing/Physical Address:** Pacific Regional Office

to Report:	Bureau of Indian Affairs 2800 Cottage Way Sacramento, CA 95825 Telephone: (916) 978-6000 Telefax: (916) 978-6099 Email format: first.last@bia.gov http://www.bia.gov/WhoWeAre/RegionalOffices/Pacific/index.htm (see website for link to each California region.)
Does client/authorized representative need to be involved in the referral/cross –report?	Yes
Agency responsibility or what to expect:	
APS responsibility or what to expect:	Assist APS clients on tribal lands with completing application for assistance as needed.
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	http://www.bia.gov/cs/groups/xois/documents/collection/idc014233.pdf
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**California Board of Behavioral Services**
Agency Description:	
What to Report:	Reports of elder/dependent adult abuse where the alleged perpetrator is a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Licensed Educational Psychologist (LEP), MFT Intern, or an Associate Clinical Social Worker (ACSW)
Contact Information /Where to Report:	
Does client/authorized representative need to be involved in the referral/cross –report?	Client can self-report, or the report can be made from an outside person or agency.
Agency responsibility or what to expect:	The Medical Board of California (MBC) also investigates complaints regarding licensees in the professions listed in the preceding column; however the disciplinary action is taken by the respective licensing entity.

APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Call or make internet report of abuse. Follow up with SOC 341.
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**California Board of Registered Nursing**
Agency Description:	
What to Report:	Reports of elder/dependent adult abuse where the alleged perpetrator is a Registered Nurse.
Contact Information /Where to Report:	If the report is made to the local APS agency or LTCO, a cross-report must be made to the California Board of Registered Nursing.
Does client/authorized representative need to be involved in the referral/cross –report?	Client can self-report, or the report can be made from an outside person or agency.
Agency responsibility or what to expect:	
APS responsibility or what to expect:	APS has the responsibility to investigate.
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Call or make internet report of abuse. Follow up with SOC 341.
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**California Fire Department**
Agency Description:	Provide protection and operational command when emergencies occur in protected lands. The men and women of the California Department of Forestry and Fire Protection (CAL FIRE) are dedicated to the fire protection and stewardship of over 31 million acres of California's privately-owned wildlands. In addition, the Department provides varied emergency services in 36 of the State's 58 counties via contracts with local governments.

What to Report:	Any fire or local large-scale emergency (earthquake, flood, etc.).
Contact Information /Where to Report:	Local 911 http://calfire.ca.gov
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	Local 911 will alert CalFire if appropriate. CalFire will dispatch emergency responders/fire fighters as needed to the area of incident.
APS responsibility or what to expect:	APS Social Workers should make available their name(s) and contact information should follow-up and incident reporting be needed. In some jurisdictions, APS Social Workers may be asked to assist in the staffing of shelters during emergencies.
Legal citations, W&I code or specific policy information:	none
Reporting Vehicle/Format:	By phone (local 911)
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**California Highway Patrol (CHP)**
Agency Description:	The mission of the California Highway Patrol (CHP) is to provide the highest level of safety, service, and security to the people of California. This is accomplished through five departmental goals: • Prevent Loss of Life, Injuries, and Property Damage - To minimize the loss of life, personal injury, and property damage resulting from traffic collisions through enforcement, education, and engineering. To enforce the provisions of the California Vehicle Code and other laws to prevent crime. • Maximize Service to the Public and Assistance to Allied Agencies - To maximize service to the public in need of aid or information, and to assist other public agencies when appropriate. • Manage Traffic and Emergency Incidents - To promote the safe and efficient movement of people and goods throughout California, and to minimize exposure of the public to unsafe conditions resulting from emergency incidents and highway impediments. • Protect Public and State Assets - To protect the public, their property, state employees, and the state's infrastructure. To collaborate with local, state, and federal public safety agencies to protect California. • Improve Departmental Efficiency - To continuously look for ways to increase the efficiency

	and/or effectiveness of departmental operations CHP investigated when an alleged crime occurs on state property.
What to Report:	Abuse occurring in a Veteran's Home of California (VHC) Independent Living, or Domiciliary Care. The local APS agency takes a report, investigates and cross-reports to CHP.
Contact Information /Where to Report:	Call. Follow up with SOC 341. Non-emergency number is 1-800-835-5247.
Does client/authorized representative need to be involved in the referral/cross –report?	Client can self-report, or the report can be made from an outside person or agency.
Agency responsibility or what to expect:	
APS responsibility or what to expect:	APS investigates and works cooperatively with CHP when an alleged crime occurs at a Veterans facility.
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Call. Follow up with SOC 341. Non-emergency number is 1-800-835-5247.
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**Child Protective Services**
Agency Description:	CPS is the major system of intervention of child abuse and neglect in California. Existing law provides for services to abused and neglected children and their families. The CPS goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop an alternate plan as quickly as possible.
What to Report:	Abuse, neglect or endangerment allegations of anyone under the age of 18 years.
Contact Information /Where to Report:	http://www.childsworld.ca.gov/res/pdf/CPSEmergNumbers.pdf (insert local contact information here)
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	

APS responsibility or what to expect:	To report child abuse or neglect to the appropriate jurisdiction and provide follow-up information/assistance as requested.
Legal citations, W&I code or specific policy information:	Penal Code Section 11166
Reporting Vehicle/Format:	SS 8572 http://ag.ca.gov/childabuse/pdf/ss_8572.pdf
County specific guidance:	(Enter guidance specific to your county here)

Click here to return to Agency List.

Agency Name:	**Code Enforcement**
Agency Description:	Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse. Code Enforcement is the prevention, detection, investigation and enforcement of violations of statutes or ordinances regulating public health, safety, and welfare, public works, business activities and consumer protection, building standards, land-use, or municipal affairs. Code enforcement is a function local governments perform that citizens consider important for accomplishing community goals, such as protecting property values and the environment. Others view code enforcement as an annoying intrusion into the free use of private property. Traditionally, it has been a process whereby local governments use various techniques to gain compliance with duly-adopted regulations such as land use and zoning ordinances, health and housing codes, sign standards, and uniform building and fire codes. In recent years, federal and state regulations governing air and water quality and the transport and storage of hazardous wastes, and requirements for implementing the Americans with Disabilities Act have come into play. Local governments are now obliged to include enforcement of these rules and regulations in the array of responsibilities they assume for protecting the public health and welfare.
What to Report:	County's local APS intake. APS should report any violations of laws regulating public nuisance, public health, safety, and welfare, public works, business activities and consumer protection, building standards, land-use, or municipal affairs to code enforcement.
Contact Information /Where to Report:	
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse.

APS responsibility or what to expect:	Ensure APS client's living environment is complaint with code enforcement
Legal citations, W&I code or specific policy information:	Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse. WIC Section 15610.17
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Community Care Licensing**
Agency Description:	Community Care Licensing (CCL) licenses and oversees both day care and residential facilities in the state of California for children and adults who cannot live alone, but who do not need extensive medical services. CCL's mission is to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. Corrective action is taken by CCL when a licensee fails to protect the health, safety, and personal rights of individuals in care, or is unwilling or unable to maintain substantial compliance with licensing laws and regulations.
What to Report:	Abuse occurred in a facility licensed by this agency OR Abuse occurred during an absence from the facility when facility personnel were responsible for providing care and supervision OR the alleged perpetrator is affiliated with the facility OR it is unclear if abuse occurred at the facility, by a perpetrator at the facility or during an absence when facility personnel were responsible for providing care and supervision. Also report unlicensed facilities that are operating in violation of the law.
Contact Information /Where to Report:	1-844-LET-US-NO (1-844-538-8766) or LetUsNo@dss.ca.gov http://www.ccld.ca.gov/res/pdf/ASC.pdf
Does client/authorized representative need to be involved in the referral/cross –report?	APS alone or APS and client
Agency responsibility or what to expect:	That the receiving jurisdiction would generate the appropriate LIC 802.
APS responsibility or what to expect:	APS shall investigate abuse that occurs in unlicensed facilities.
Legal citations, W&I code or specific policy information:	California Code of Regulations Title 22, Divisions 2 and 6; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC

	15640(a)(1)].
Reporting Vehicle/Format:	Immediately or as soon as possible report using the SOC 341 or the county equivalent. APS must also cross report to law enforcement in these cases.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Coroner Office/Medical Examiner**
Agency Description:	
What to Report:	Each county within the State of California is mandated to perform the functions of Coroner as defined in the California Government Code, the Health and Safety Code, and the Penal Code. In Government Code 27491, the Coroner has the authority, duties, functions, and responsibilities to determine the circumstances, manner, and causes of deaths listed below. Any person with knowledge of these situations is mandated to report the death to the Coroner. • Following an accident or Injury either old or recent. If a person is hospitalized following any accident such as traffic, overdose, fall, industrial, etc., and while hospitalized the patient develops a complication, such as pneumonia, infection, or sepsis, and dies, then it shall be reported to the coroner. • Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation, or aspiration. • Accidental poisoning, (to include illicit drugs of abuse or prescription drug intoxication that leads to the death.) • Occupational diseases or occupational hazards, (All deaths when a person was injured at work or while on duty.) • Known or suspected homicide. • Known or suspected suicide involving any criminal action or suspicion of a criminal act. (Not a civil action, such as medical malpractice.) • No physician is in attendance, (Subject is not under the care of a doctor or does not have a regular doctor of record. Patients who are seen by various doctors at a clinic have a doctor of record and any doctor at the clinic that has seen the patient may provide cause based on documented history at the clinic.) • The deceased was not attended by a physician in the 20 days prior to death. (Private physician may sign the death certificate but the coroner shall be notified that it has been more than 20 days. This is handled by the mortuary upon completion of death certificate.) • The physician is unable to state the cause of death. (This does not mean the exact mechanism of death. Rather, the deceased has no diagnosed medical conditions. A history of diabetes, hypertension, and high cholesterol may be sufficient causes upon consideration of age, compliance, and circumstances of death. Causes such as complication of diabetes, coronary artery disease, etc. are sufficient. A doctor is required to provide a reasonable cause based on history when the circumstances of the death do not fall under coroner jurisdiction. • Related to or following known or suspected self-Induced or criminal abortion. • Associated with a known or alleged rape.

	• Known or suspected contagious disease that constitutes a public hazard. • All operating room deaths. (Based on the circumstances, the doctor of record may provide cause of death unless death is related to circumstances that fall under coroner jurisdiction.) • Death where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room, or elsewhere. (See above example.) • All deaths In which the patient is comatose throughout the period of physician's attendance, whether at home or in a hospital. • All in-custody deaths. (Prison, jail, foster home or juvenile facilities.) • All solitary deaths where the deceased is unattended by a physician or person in the period immediately preceding death, (such as persons who are found deceased.) • All deaths of unidentified persons. • Deaths of patients In state mental health hospitals and state hospitals that serve the developmentally disabled. • All deaths in which the suspected cause of death is Sudden Infant Death Syndrome. • In situations where there is no next of kin or the next of kin is unknown. NOTE: All the above cases are reportable to the coroner. However, it does not mean the coroner will accept jurisdiction of all cases. Many may be screened and released depending on the circumstances of the death.
Contact Information /Where to Report:	(fill in information specific to your county)

Does client/authorized representative need to be involved in the referral/cross –report?	Yes
Agency responsibility or what to expect:	
APS responsibility or what to expect:	If aware should cross report to law enforcement agency having jurisdiction
Legal citations, W&I code or specific policy information:	W&IC 15633 (b): permits disclosure of Adult Protective Services records to "a local law enforcement agency, . . . the Bureau of Medi-Cal Fraud or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse,"
Reporting Vehicle/Format:	Per individual county
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Consumer Affairs (DCA)** **(see specific guidance under the following agencies – Board of Behavioral Sciences, Medical Board, Board of Psychology, Board of Registered Nursing)**

Agency Description:	The Department of Consumer Affairs (DCA) is here to protect and serve California consumers while ensuring a competent and fair marketplace. DCA helps consumers learn how to protect themselves from unscrupulous and unqualified individuals. DCA accepts complaints against professionals and business's in California. Major DCA functions: Licensing, education, enforcement, consumer hotline, mediation, smog check. The Department of Consumer Affairs (DCA) is comprised of more than 35 entities that license and regulate more than 2 million Californians in over 180 different professions; including doctors, dentists, contractors and auto-repair technicians. DCA entities have authority to handle complaints against those businesses or professionals licensed by DCA, enforce laws and regulations governing those professions, and discipline violators. However, DCA can still help if your complaint falls outside of our regulatory authority. Our Correspondence Unit (CRU) receives and reviews consumer complaints regarding a wide variety of issues that are either unregulated in California or regulated by other state or federal agencies. The CRU will work with you to resolve your complaint through mediation efforts, if possible, provide helpful information to help you make informed decisions in the marketplace, and refer complaints to the appropriate state or federal agency, when applicable.
What to Report:	Complaints against a professional, a business, or licensee in California when, based on an APS investigations, the APS worker has a reasonable suspicion that the alleged abuser is in violation of his or her professional license or certification.
Contact Information /Where to Report:	Call or make an online complaint http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml To discuss concerns related to a case or to ask a general questions, contact the DCA's Consumer Information Center (CIC) at 800-952-5210
Does client/authorized representative need to be involved in the referral/cross –report?	Client can self-report, or the report can be made from an outside person or agency.
Agency responsibility or what to expect:	A letter will be sent to the APS worker filing the complaint within seven to ten days from the date of submittal. The letter will include a tracking number for follow-up on the complaint through the CIC toll-free number.
APS responsibility or what to expect:	Conduct APS investigation as per policy and make report to DCA as necessary. MDT with DCA as needed.
Legal citations, W&I code or specific policy information:	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
Reporting Vehicle/Format:	http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml Paper complaint forms can be mailed or faxed to: Department of Consumers Affairs Complaint Resolution Program

	1625 North Market Boulevard, Suite S-202 Sacramento, CA 95834 Fax (916) 574-8678
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Business Oversight – DBO** **(Department of Corporations and Department of Financial Institutions merged 7/1/2013)**
Agency Description:	The Department of Business Oversight (DBO) provides protection to consumers and services to businesses engaged in financial transactions. The Department regulates a variety of financial services, products and professionals. The Department oversees the operations of state-licensed financial institutions, including banks, credit unions, money transmitters, issuers of payment instruments and travelers checks, and premium finance companies. Additionally, the Department licenses and regulates a variety of financial businesses, including securities brokers and dealers, investment advisers, deferred deposit transactions(commonly known as payday loans) and certain fiduciaries and lenders. The Department also regulates the offer and sale of securities, franchises and off-exchange commodities.
What to Report:	The Department of Business Oversight encourages the public to submit complaints if it is believed that a licensee of the Department is acting in violation of state law or has acted improperly. The Department evaluates and reviews complaints for alleged violations of the laws we administer and take appropriate action as authorized under the law.
Contact Information /Where to Report:	https://dbo.secureprtportal.com/pages/dfi_ecomplaint.aspx Online report. See the website for list of industries regulated by DBO http://www.dbo.ca.gov/Licensees/default.asp
	Contact DBO at 1-866-275-2677 or 1-800-622-0620 to discuss report or for general questions.
Does client/authorized representative need to be involved in the referral/cross –report?	The DBO can only investigate a complaint when the client or the client's legal representative has completed and signed a Complaint Form. The APS worker is permitted to assist the client or the client's legal representative with completing the complaint form. If the client or client's legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the Department of Corporations if there is reason to suspect that the same alleged abuser(s) may victimize others
Agency responsibility or what to expect:	When you submit a complaint to the Department of Business Oversight, DBO review it to determine whether it is a matter over which DBO has jurisdiction. If DBO is not the proper regulatory authority, DBO will attempt to direct you to the correct agency. Please note that the Department does not provide legal or financial advice; DBO do not act as your private attorney; and DBO do not act as a court of law. You should seek the assistance of a private attorney if your complaint involves a sum

	of money you seek to recover or a contract you request cancelled. You should always file your complaint with the Department, regardless of whether you are resolving your dispute through another forum. The Department relies upon complaints received from investors, borrowers and consumers to ensure that our Licensees are complying with the licensing laws, and to locate and stop investment fraud.
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
Reporting Vehicle/Format:	The complaint form is available and can be downloaded from the Department of Corporations website at: http://www.dbo.ca.gov/Consumers/consumer_services.asp
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Developmental Services**
Agency Description:	Abuse occurring in a State Developmental Center or under the supervision of state hospital personnel. Mandated reporters must report serious bodily injury to elders and dependent adults in a licensed facility directly to law enforcement.
What to Report:	Advise the reporting party that the initial report of abuse may be made to the California Department of Developmental Services (CDDS)/Designated Investigator, Local LE, or LTCO.
Contact Information /Where to Report:	If report received in County APS, County must cross-report to Developmental Centers and Community Operations and Certification Unit. Report suspected criminal activity to the DOJ BMFEA Prosecution Unit
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	California Department of Developmental Services with local law enforcement, as required.

APS responsibility or what to expect:	APS shall not investigate in these facilities but report when abuse in one of these licensed facilities is discovered as part on an APS investigation.
Legal citations, W&I code or specific policy information:	CDSS MPP 33-405.113 (a)
Reporting Vehicle/Format:	SOC 341. Report of suspected criminal activity is made by telephone and fax to the DOJ/BMFEA Prosecution Unit.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Health Care Services; Mental Health Services Division**
Agency Description:	The Mental Health Services Division (MHSD), consists of three Branches: 1. Program Policy and Quality Assurance (PPQA) 2. Fiscal Management and Outcomes Reporting (FMOR) 3. Program Oversight and Compliance MHSD administers a number of mental health programs for Children and Youth, Adults, and Older Adults.
What to Report:	Abuse occurring in a State Hospital or under the supervision of state hospital personnel. Mandated reporters must report serious bodily injury to elders and dependent adults in a licensed facility directly to law enforcement.
Contact Information /Where to Report:	For allegations at Atascadero State Hospital fax SOC 341 to: Licensing and Certification Division (LCD) California Department of Public Health 464 West Fourth Street, Suite 529 San Bernardino, CA 92301 (909) 888-2315
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	CDMH responsible for investigation with local law enforcement, as required
APS responsibility or what to expect:	APS shall not investigate in these facilities but will cross report when abuse at a licensed facility is discovered during the course of an investigation.

Legal citations, W&I code or specific policy information:	MPP 33-405.412; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction[W&IC 15640(a)(1)].
Reporting Vehicle/Format:	SOC 341. Report of suspected criminal activity is made by telephone and fax to the DOJ/BMFEA Prosecution Unit.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Health Services Licensing and Certification**
Agency Description:	The California Department of Public Health (CDPH) Licensing and Certification program (L&C) is one of many public agencies at the state and federal levels that licenses, regulates, inspects, and/or certifies health care facilities in California. CDPH L&C is responsible for ensuring that health care facilities comply with state laws and regulations. They investigate complaints against hospitals, acute psychiatric hospitals, hospice, health care facilities, or nursing homes.
What to Report:	Abuse occurred in a facility licensed by this agency OR Abuse occurred during an absence from the facility when facility personnel were responsible for providing care and supervision OR the alleged perpetrator is affiliated with the facility OR it is unclear if abuse occurred at the facility, by a perpetrator at the facility or during an absence when facility personnel were responsible for providing care and supervision. Also report unlicensed facilities that are operating in violation of the law.
Contact Information /Where to Report:	https://hfcis.cdph.ca.gov/LongTermCare/ConsumerComplaint.aspx
Does client/authorized representative need to be involved in the referral/cross –report?	APS alone or APS and client
Agency responsibility or what to expect:	That the Department of Health Services, Licensing and Certification would investigate as appropriate.
APS responsibility or what to expect:	Investigate in conjunction with Licensing as appropriate.
Legal citations, W&I code or specific policy information:	California Code of Regulations Title 22, Divisions 2 and 6;Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].

Reporting Vehicle/Format:	Immediately or as soon as possible report using the SOC 341 or the county equivalent. APS must also cross report to law enforcement in these cases.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**California Department of Insurance**
Agency Description:	The California Department of Insurance (CDI) is a state mandated regulatory agency that investigates possible violations of the law by licensed insurance agents, insurance companies, or any violation of the law related to insurance (this includes annuities). Some examples of the types of complaints they investigate are as follows: • Improper denial or delay in settlement of a claim • Alleged illegal cancellation or termination of an insurance policy • Alleged misrepresentation by an agent, broker, or solicitor • Alleged theft of premiums paid to an agent, broker, or solicitor • Problems concerning insurance premiums and rates • Alleged improper handling of an escrow transaction by a title insurer or underwritten title company
What to Report:	A complaint will be filed to the CDI if an elder or dependent adult appears to be a victim of an unethical or illegal sale of insurance, if there has been fraud related to an insurance claim, or if there has been an apparent deception of some type related to insurance sales or insurance products. This may include insurance policies, annuities, or irregularities related to escrow transactions or to title insurance. To discuss concerns related to a case, or to ask general questions contact the CDI's Consumer Hotline at (800) 927- 4357.
Contact Information /Where to Report:	The completed complaint form must be mailed to: California Department of Insurance Consumer Services and Market Conduct Branch Consumer Services Division 300 South Spring Street, South Tower Los Angeles, CA 90013
Does client/authorized representative need to be involved in the referral/cross –report?	The client or the client's legal representative must complete and sign the CDI Request for Assistance complaint form. The APS worker is permitted to assist the client or the client's legal representative with completing the complaint form. If the client or client's legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the CDI if there is reason to suspect that the same alleged abuser(s) may victimize others.
Agency responsibility or what to expect:	

APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
Reporting Vehicle/Format:	The complaint form is available and can be downloaded from the CDI website at: http://www.insurance.ca.gov/01-consumers/101-help/index.cfm
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Justice Medi-Cal Fraud**
Agency Description:	The Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA) aggressively pursues criminals who are directly or indirectly involved in filing false claims for medical services, drugs, or supplies. These perpetrators can be registered Medi-Cal providers who allow others to use their billing privileges, or who manage to tap into the billing privileges of registered providers. They can be identity thieves who steal information from providers and patients, or beneficiaries who accept payment for using a particular provider or for selling their Medi-Cal identities. Suspects can include anyone who is involved in the administration of the Medi-Cal program, including government workers and employees of contracting agencies.
What to Report:	When, as part of an APS investigation, it comes to the attention of the investigating Social Worker that Medi-Cal or Social Security fraud may be occurring.
Contact Information /Where to Report:	1-800-822-6222
	http://oag.ca.gov/bmfea/reporting
Does client/authorized representative need to be involved in the referral/cross –report?	APS alone or APS and client
Agency responsibility or what to expect:	The Medi-Cal/Social Security Fraud unit would investigate. There should be no expectation of update/outcome.
APS responsibility or what to expect:	To report any suspected fraud
Legal citations, W&I code or specific policy information:	Administrative Sanctions: Welfare and Institutions Code, Section 14107.11; Section 14043.36.; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is

	given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
Reporting Vehicle/Format:	SOC 341/343 or county equivalent
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Department of Real Estate (CalBRE)**
Agency Description:	The Department of Real Estate licenses real estate professionals. It also investigates complaints against real estate brokers and salespersons accused of misleading or defrauding consumers. If a violation of the real estate licensing law can be proven, a formal hearing may be held which could result in the revocation or suspension of the agent's license. The Department of Real Estate can investigate and take action against licensed real estate agents, brokers, or anyone posing as a licensed agent or broker.
What to Report:	A complaint will be filed to the Department of Real Estate if it appears that an elder or dependent adult may have been defrauded, or is being defrauded by a real estate professional related to a real estate transaction. Examples of defrauding are illegal change of title, sale of a client's home under unethical or illegal circumstances, or if it appears that a transaction may have taken place under duress or without the client's knowledge. To discuss concerns related to a case or to ask general questions, contact a representative of the San Diego Department of Real Estate Office at (619) 525-4192.
Contact Information /Where to Report:	The completed complaint form must be mailed to: (insert local office address based on Bureau website: http://www.dre.ca.gov/Contact.html)
	Department of Real Estate, Enforcement 1350 Front St., Suite 1063 San Diego, CA 92101
Does client/authorized representative need to be involved in the referral/cross –report?	A Licensee/Sub-divider Complaint form must be completed and signed by the client or the client's legal representative. The APS worker is permitted to assist the client or the client's legal representative with the completion of the complaint form. If the client or client's legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the Department of Real Estate if there is reason to suspect that the same alleged abuser(s) may victimize others.
Agency responsibility or what to expect:	If CalBRE can prove a violation of the Real Estate Licensing Law, a formal hearing may be held which could result in the revocation or suspension of the agent's license. If CalBRE can prove a violation, further sales may be stopped until such time as the violations are corrected. CalBRE cannot act as a court of law, so CalBRE cannot order that monies be refunded, contracts be canceled, damages be awarded, etc.

APS responsibility or what to expect:	A complaint should be filed with the Department of Real Estate if it appears that an elder or dependent adult may have been defrauded or is being defrauded by a real estate professional related to a real estate transaction.
Legal citations, W&I code or specific policy information:	California Welfare and Institutions Code Section 15640
Reporting Vehicle/Format:	The complaint form is available and can be downloaded from the Department of Real Estate website at: http://www.dre.ca.gov/Consumers/FileComplaint.html
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**District Attorney**
Agency Description:	The District Attorney is an elected official of a county or a designated district with the responsibility for prosecuting crimes. The duties include managing the prosecutor's office, investigating alleged crimes in cooperation with law enforcement, and filing criminal charges or bringing evidence before the Grand Jury that may lead to an indictment for a crime. In partnership with community and law enforcement agencies, the District Attorney's Office is responsible for the prosecution of crimes committed in the County.
What to Report:	Allegations of elder or dependent adult abuse and/or neglect in conjunction with a verification of a penal code violation from local law enforcement.
Contact Information /Where to Report:	https://www.cdaa.org/district-attorney-roster
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	DA may request APS information for a criminal case. Expect to provide copies of records and/or for APS staff to testify in a criminal case upon DA request. A court order or subpoena is usually required.
APS responsibility or what to expect:	APS will assist DA by providing case notes and documentation as well as testifying in criminal case
Legal citations, W&I code or specific policy information:	WIC, Section 15633.5
Reporting Vehicle/Format:	Report to local law enforcement who will provide the information to DA.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	FBI (Federal Bureau of Investigations)
Agency Description:	The FBI is an intelligence-driven and threat-focused national security organization with both intelligence and law enforcement responsibilities—the principal investigative arm of the U.S. Department of Justice and a full member of the U.S. Intelligence Community. It has the authority and responsibility to investigate specific crimes assigned to it and to provide other law enforcement agencies with cooperative services, such as fingerprint identification, laboratory examinations, and training. The FBI also gathers, shares, and analyzes intelligence—both to support its own investigations and those of its partners and to better understand and combat the security threats facing the United States.
What to Report:	The FBI has Federal Jurisdiction over: Terrorism, Counterintelligence, Cyber Crime, Public Corruption, Civil Rights violations, Organized Crime, White-Collar Crime, Violent Crimes & Major Thefts. If local crime may have the FBI or Federal implications, Social Workers are encouraged to work through local law enforcement.
Contact Information /Where to Report:	https://tips.fbi.gov/ (name, title, and contact information required)
	https://tips.fbi.gov/ (name, title, and contact information required)

Does client/authorized representative need to be involved in the referral/cross –report?	no
Agency responsibility or what to expect:	Due to the high volume of information that the FBI receives, they are unable to reply to every submission. If needed a local field agent will contact the Social Worker.
APS responsibility or what to expect:	Social Worker should website/local field agents to report suspected terrorism or criminal activity. The information will be reviewed promptly by an FBI special agent or a professional staff member.
Legal citations, W&I code or specific policy information:	California Welfare and Institutions Code Section 15640
Reporting Vehicle/Format:	Online or telephonic (see above for list of local offices).
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	U.S. Federal Trade Commission (FTC)
Agency Description:	The FTC is a bipartisan federal agency with a dual mission to protect consumers and promote competition. The FTC provides consumer protection on: loans, credit cards, identity theft,

	telemarketing, funerals and cemeteries.
What to Report:	Report complaints regarding: unfair business practices, consumer fraud, data security, deceptive advertising, identity theft, telemarketing scams, credit scams, sweepstakes, lotteries and prizes, internet and online privacy and Do Not Call violations.
Contact Information /Where to Report:	1-877-382-4357) or www.consumer.gov (Consumer Fraud) 1-877-438-4338 or www.consumer.gov/idtheft (Identity Theft Hotline) 1-888-382-1222 or www.donotcall.gov (Do Not Call Registry)
Does client/authorized representative need to be involved in the referral/cross –report?	The client can self report or the APS Social Worker can assist the client with the report depending on their ability or capacity.
Agency responsibility or what to expect:	The complaint may help the FTC and law enforcement partners detect patterns of fraud and abuse which may lead to investigations and eliminate unfair business practices. Complaints are entered in a secure online database, which is used by many local, state and federal enforcement agencies. The FTC cannot resolve individual complaints, but can provide information about what steps to take. The FTC also provides education and help hints on how to better protect the consumer against fraud and abuse.
APS responsibility or what to expect:	Educate the client and/or family regarding the Federal Trade Commission and how to file a complaint. Assist with the initial process if necessary.
Legal citations, W&I code or specific policy information:	California Welfare and Institutions Code Section 15640
Reporting Vehicle/Format:	Call or go on line to file a complaint.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Financial Industry Regulator Authority**
Agency Description:	The Financial Industry Regulatory Authority (FINRA) was created in July 2007 and took over the duties of the National Association of Securities Dealers (NASD). FINRA helps to regulate the securities industry through its membership. It provides education for members and the general public. FINRA investigates violations of their rules and takes disciplinary action when infractions are found. They also play a role in the mediation of disputes. Sanctions imposed by FINRA on securities dealers range from censures, fines, and suspensions to expulsion from the securities industry.
What to Report:	If it is believe an elder or dependent adult has been abused or neglected by a securities dealer through unethical or illegal activities. To discuss concerns related to a case or ask general

	questions, contact FINRA at 301-590-6500.
Contact Information /Where to Report:	Completed complain forms must be mailed and/or faxed to: Financial Industry Regulatory Authority Investor Complaint Center 9509 Key West Avenue Rockville, MD 20850 Fax (866) 397-3290
Does client/authorized representative need to be involved in the referral/cross –report?	FINRA can only investigate when the client or the client's legal representative has completed and signed a FINRA Investor Complaint Form. The APS worker is permitted to assist the client or the client's legal representative. If the client or client's legal representative are unable or unwilling to complete the complaint form, the APS worker can contact FINRA if there is reason to suspect the same alleged abuser(s) may victimize other.
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Complaint form can be downloaded at the FINRA website at: http://www.finra.org/Investors/Contacts/
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	Fire Department
Agency Description:	Local fire departments respond to emergency calls in communities throughout California. In contrast with Cal Fire, local fire departments are usually limited to single-structure fires or small-scale emergencies.
What to Report:	Clients at immediate risk for harm. The local fire department will respond to medical emergencies, fires, small-scale disasters, etc. Examples include a residential house fire, a vehicle accident, reports of hoarding inside a residence, extraction of an individual from a residence or vehicle, transportation to and from a medical facility, etc.
Contact Information /Where to Report:	911 for emergencies and the local, non-emergency line for issues like hoarding or non-life-threatening medical transport.
	Local information varies by municipality.

Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	Immediate response by emergency personnel as necessary.
APS responsibility or what to expect:	APS Social Workers should make available their name(s) and contact information should follow-up and incident reporting be needed. In some jurisdictions, APS Social Workers may be asked to assist in the incident resolution, i.e. a hoarding intervention.
Legal citations, W&I code or specific policy information:	None
Reporting Vehicle/Format:	By phone (local 911)
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Homeland Security**
Agency Description:	The Core Missions There are five homeland security missions: 1. Prevent terrorism and enhancing security; 2. Secure and manage our borders; 3. Enforce and administer our immigration law s; 4. Safeguard and secure cyberspace; 5. Ensure resilience to disasters;
What to Report:	Prompt and detailed reporting of suspicious activities can help prevent violent crimes or terrorist attacks. If you see suspicious activity, please report it to your local police department. Local law enforcement officers can respond quickly. Once they assess the situation, they can obtain additional support.
Contact Information /Where to Report:	Local law enforcement first
Does client/authorized representative need to be involved in the referral/cross –report?	No in most cases.
Agency responsibility or what to expect:	Local response first

APS responsibility or what to expect:	Duty to warn, tarasoff laws
Legal citations, W&I code or specific policy information:	W&I 15633 (b): permits disclosure of Adult Protective Services records to "a local law enforcement agency, . . . the Bureau of Medi-Cal Fraud or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse,"
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**In Home Supportive Services**
Agency Description:	IHSS provides homemaker and personal care assistance to persons receiving Supplemental Security Income or who have a low income and need aid in the home to remain independent.
What to Report:	potential fraudulent activity or refer client to IHSS for services
Contact Information /Where to Report:	local IHSS services
Does client/authorized representative need to be involved in the referral/cross –report?	no
Agency responsibility or what to expect:	
APS responsibility or what to expect:	APS will work with IHSS to ensure proper services are in place to aid client
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Immediately or as soon as possible report using the SOC 341 or the county equivalent.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Law Enforcement (local)**
Agency Description:	Law Enforcement Agency is a government agency responsible for the enforcement of the laws. The local law enforcement appropriate for APS to cross-report will depend on the jurisdiction of

	the incident suspected elder or dependent adult abuse.
What to Report:	APS Social Workers and investigative staff should contact law enforcement when, during the course of their investigation, they suspect that a Penal Code violation has taken place in addition to a Welfare and Institutions Code violation. Law enforcement shall also be contacted to ensure either social worker or client safety (if they are refused entry to a home where there is reason to believe a client is being held against their well and/or there is exigency of death or great bodily harm), and concluding a financial abuse investigation with all pertinent documentation.
Contact Information /Where to Report:	Varies from jurisdiction to jurisdiction. Also maybe under the ospices of the unincorporated areas (Sheriff) or the State (Highway Patrol)
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	The local Law Enforcement office completes an investigation of elder/dependent adult abuse and/or neglect in conjunction with or separate from APS.
APS responsibility or what to expect:	To report suspected penal code violations, to secure a scene and/or protect a client, and to report financial abuse investigation confirmations
Legal citations, W&I code or specific policy information:	California Penal Code
Reporting Vehicle/Format:	911 or local law enforcement non-emergency dispatch; SOC 341/343 or the county equivalent
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Long Term Care Ombudsman**
Agency Description:	The California State Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act and its State companion, the Older Californians Act. The primary responsibility of the program is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities. These facilities include nursing homes, residential care facilities for the elderly, and assisted living facilities. The Long-Term Care Ombudsman Program investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly.
What to Report:	The LTC Ombudsman Program should be contacted for the following resident services: Questions or concerns about quality of care; Questions or concerns about financial abuse; Suspected physical, mental or emotional abuse of residents; Witnessing services for Advance

	Health Care Directives; Requesting an Ombudsman to attend a resident care plan meeting; Requesting an Ombudsman to attend a resident or family council meeting.
Contact Information /Where to Report:	1-800-231-4024 (insert local contact information) http://www.aging.ca.gov/programs/ltcop/Contacts/
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	The Long-Term Care Ombudsman would investigate.
APS responsibility or what to expect:	To report any suspected abuse or neglect in a long-term care facility, and/or to facilitate a client's well-being.
Legal citations, W&I code or specific policy information:	California Code of Regulations Title 22, Divisions 2 and 6; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
Reporting Vehicle/Format:	SOC 341/343 or county equivalent
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**LPS Conservator**
Agency Description:	LPS conservatorships are established under the Lanterman-Petris-Short Act and are governed by the California Welfare and Institutions Code (instead of the Probate Code). In this kind of conservatorship, a conservator is appointed to represent a person who is "gravely disabled." LPS conservatorships are designed for persons with serious mental disorders, or who are impaired by chronic alcoholism.
What to Report:	Alleged perpetrator is a public or private conservator or alleged victim is a conservatee
Contact Information /Where to Report:	
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	

APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the court with jurisdiction over the conservatorship (MPP 33-405.31).
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Medical Board of California**
Agency Description:	
What to Report:	Reports of elder/dependent adult abuse where the alleged perpetrator is a physician/surgeon, registered dispensing optician, research psychoanalyst, midwife, doctor of podiatric (podiatry) medicine, physician assistants, psychologists, or psychological assistants.
Contact Information /Where to Report:	If the report is made to the local APS agency or LTCO, a cross-report must be made to the Medical Board of California.
Does client/authorized representative need to be involved in the referral/cross –report?	yes
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Mental Health Treatment Licensing**

Agency Description:	The Mental Health Treatment Licensing (MHTL) section within the California Department of Health Care Services (DHCS) is responsible for implementing and maintaining a system to ensure compliance with licensing requirements, as specified in state statutes, for the range of 24-hour psychiatric and rehabilitation care facilities. The programs subject to licensure by MHTL are Mental Health Rehabilitation Centers (MHRCs) and Psychiatric Health Facilities (PHFs). Related oversight and monitoring responsibilities include review of Unusual Occurrences (UORs) and complaints lodged against the facility or staff and administration on the criminal background check law for MHRCs and PHFs. The MHL is also responsible for the approval of Welfare and Institutions (WIC) Code Sections 5150/5585.50 facilities designated by the counties throughout the State of California.
What to Report:	The APS worker will cross-report to MHTL when an APS investigation uncovers allegations that an elder or dependent adult was the victim of staff-to-patient abuse that occurred at a Mental Health Rehabilitation Center (MHRC) and Psychiatric Health Facility (PHF) To discuss concerns related to a case, or to ask general questions, contact MHTL at (916) 651-3907.
Contact Information /Where to Report:	To complete a verbal cross report to MHTL, call their main line at (916) 651-3788. To complete a cross report by fax to MHTL, fax the SOC 341 or equivalent attention "Associate Governmental Program Analyst" at 916-651-3925
	Main number 916-323-1864, report line for UORs and complaints 916-440-5600
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [WIC 15640(a)(1)].
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Probate Conservator**
Agency Description:	When someone is no longer able to handle his or her own financial and/or personal affairs, the court can appoint an individual (the conservator) to act on behalf of the incapacitated person (the conservatee). The judicial procedure for this appointment is called a probate

	conservatorship. The establishment of a conservatorship restricts the conservatee's powers over financial and/or personal care decisions
What to Report:	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the Probate Court Investigator's Office and Local Law Enforcement.
Contact Information /Where to Report:	The local court that has jurisdiction over the conservatee.
	Some jurisdictions have a website to search to confirm if a client is under conservatorship
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	An investigation into the appropriateness of the conservatorship. The Probate Court Investigator will generate a report for the court of his/her findings and this is confidential (will not be shared with APS).
APS responsibility or what to expect:	APS worker will focus his/her investigation on the protection of the client.
Legal citations, W&I code or specific policy information:	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the court with jurisdiction over the conservatorship (MPP 33-405.31).
Reporting Vehicle/Format:	The SOC 341 may be used with reporting party information redacted.
County specific guidance:	(Enter guidance specific to your county here) In San Diego the probate court has a standing court order that allows court investigators to review and obtain copies of APS records.

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Agency Name:	**Public Authority**
Agency Description:	Senate Bill 1780 enabled county boards of supervisors to establish a Public Authority (PA), by ordinance, or contract with Nonprofit Consortia (NPC) to provide for the delivery of In-Home Supportive Services (IHSS). The general functions of the Public Authority are to establish a Registry of IHSS Providers; conduct Provider recruitment and screening; offer free training and support to Consumers and Providers; and information and referral. The IHSS Public Authority works in conjunction with the county IHSS program.
What to Report:	• If an elder or dependent adult needs assistance with finding an IHSS care provider: APS will provide the name, address, telephone number, SSN, and DOB of the elder or dependent adult to the PA. • If the suspected abuser is a PA registry provider: APS will share findings with the PA.

Contact Information /Where to Report:	Local PA
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	• The PA will assist the elder or dependent adult to find a care provider. The PA will conduct an intake over the phone, send the client a list of eligible registry providers, and assist the client in contacting potential providers. • If APS reports to the PA that a provider on the registry is a suspected abuser: the PA will interview the provider, client, and other clients who are receiving services from the provider. If validated, the PA will remove a provider from the Registry.
APS responsibility or what to expect:	APS will provide limited information to the PA to assist the elder or dependent adult.
Legal citations, W&I code or specific policy information:	MPP 33-500
Reporting Vehicle/Format:	Verbal report unless your county has other method of reporting.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Public Guardian**
Agency Description:	The Public Guardian or Public Conservator (PG/PC) conducts the official County investigation into conservatorship matters. The PG/PC also acts as the legally appointed guardian or conservator for persons found by Superior Court to be unable to properly care for themselves or their finances or who are unable to resist undue influence or fraud. Clients served by the PG/PC usually suffer from severe mental illness or are older, frail, dependent and vulnerable adults.
What to Report:	Possible reports of abuse against conservatees. Reports of clients needing Public Guardian services
Contact Information /Where to Report:	Local Public Guardian's Office.
Does client/authorized representative need to be involved in the referral/cross –report?	No. This agency may receive information relevant to an incident of elder or dependent adult abuse.
Agency responsibility or what to	This agency may receive information relevant to an incident of elder or

expect:	dependent adult abuse.
APS responsibility or what to expect:	APS continues to monitor service plan of APS clients referred for guardianship until guardianship is in place.
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Local forms for referral to Public Guardian.
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Public Health**
Agency Description:	Ten Essential Public Health Services directly and/or through strong and effective partnerships: 1. Monitoring health status to identify community health problems including health disparities. 2. Detecting and investigating health problems and health hazards in the community. 3. Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status. 4. Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies. 5. Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes. 6. Enforcing laws and regulations that protect health and ensure safety. 7. Linking people to needed personal health services and ensuring the provision of population-based health services. 8. Assuring a competent public health workforce and effective public health leadership. 9. Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs. 10. Researching for insights and innovative solutions to public health problems. 11. Each County has Public Health Department that offers various health programs and tracking of communicable diseases. It appears many departments have an **Environmental Health** section as well. 12. Environmental Health may have the ability to certify license of Hotels, Motels, etc.
What to Report:	Under the California Code of Regulations, Title 17 (Section 2500), public health professionals, medical providers and others are mandated to report approximately 85 diseases or conditions to their local health department. Additionally, anyone in charge of any type of school is also required to report these diseases (Section 2508), as are Laboratories (Section 2505).
Contact Information /Where to Report:	See local Public Health Department http://www.cdph.ca.gov/services/Pages/LocalServices.aspx

Does client/authorized representative need to be involved in the referral/cross –report?	Client can self-report, or the report can be made from an outside person or agency.
Agency responsibility or what to expect:	This varies from County to County. APS Workers may seek additional information or provide response to concerns
APS responsibility or what to expect:	Manual of Policies and Procedures (MPP) 33-110 .1 The adult protective services program is intended to provide intervention activities directed toward safeguarding the well-being of elders and dependent adults suffering from or at risk of abuse or neglect, including self-neglect.
Legal citations, W&I code or specific policy information:	See above. MPP Case Management Services: 33-520 .114 To improve the client's protection and quality of life by linking them with resources and services.
Reporting Vehicle/Format:	Phone, or web
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**Regional Center**
Agency Description:	The State of California has twenty one Regional Centers that provide specialized services for people with developmental disabilities. Assessment and diagnosis, counseling, family support, advocacy for legal protection and many more services are available for individuals and their families.
What to Report:	Potential alleged victim receives services in their residence paid by Regional Center or lives in a supportive living arrangement monitored by Regional Center.
Contact Information /Where to Report:	Contact the local Regional Center Intake to determine if a client is active to the Regional Center. Report concerns to the client's Service Coordinator.
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	Advocacy and support services for the client
APS responsibility or what to expect:	MDT and work collaboratively in support of the client
Legal citations, W&I code or specific policy information:	

Reporting Vehicle/Format:	verbal
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**State Bar Association**
Agency Description:	As an arm of the California Supreme Court, the State Bar investigates and prosecutes complaints against lawyers.
What to Report:	A complaint will be filed if an attorney has acted inappropriately or unethically. To discuss concerns related to a case or to ask general questions, contact the State Bar of California at (800) 843-9053.
Contact Information /Where to Report:	The completed complaint form must be mailed to: The State Bar of California Office of the Chief Trial Counsel/Intake 1149 South Hill Street Los Angeles, CA 90015
Does client/authorized representative need to be involved in the referral/cross –report?	The client or client's legal representative must complete and sign a California Attorney Complaint Form. The APS worker is permitted to assist the client or client's legal representative with completing the complaint form. If the client or client's legal representative is unable or unwilling to complete the complaint form, the APS worker can contact The State Bar of California if there is reason to suspect that the same alleged abuser(s) may victimize others.
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	The complaint form is available and can be downloaded from The State Bar of California website at: http://www.calbar.ca.gov/Attorneys/LawyerRegulation/FilingaComplaint.aspx
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	United States Postal Inspector
Agency Description:	United States Postal Inspection Service As the primary law enforcement arm of the United States Postal Service, the United States Postal Inspection Service enforces federal laws in investigations of crimes that adversely affect or fraudulently use the United States Mail and postal system. Postal Inspectors work with United States Attorneys, law enforcement agencies, and local prosecutors to investigate postal cases and prepare them for court. The issues that they investigate include: • Mail Theft (mail that should have been received but was not, or that was received with the contents missing) • Mail Fraud (may include scams or deceptive ads such as mailed sweepstakes, lotteries, on-line work-at-home scams or chain letters, or postage fraud) • Identity Theft • Vandalism • Tampering (mail that was handled destructively) • False Change of Address • Unsolicited Sexually Oriented Advertising
What to Report:	A complaint will be filed if an elder or dependent adult appears to be a victim of any of the above-mentioned issues. To discuss concerns related to a case or to ask general questions, contact a representative of the United States Postal Inspection Service at (877) 876-2455.
Contact Information /Where to Report:	Must be submitted online or mailed to: United States Postal Inspection Service Criminal Investigations Service Center 433 W. Harrison Street Room 3255 Chicago, IL 60699-3255
Does client/authorized representative need to be involved in the referral/cross –report?	Complaints can be filed by calling the United States Postal Inspection Service or by completing a complaint form. The client or client's legal representative must complete the complaint form. There is a variety of complaint forms; some are specific for the reporting of one type of issue while others extend the option to address only one of multiple issues. The APS worker is permitted to assist the client or the client's legal representative with completing the complaint form. If the client or client's legal representative is unable or unwilling to complete and submit a complaint form online, send it by mail, or file a complaint by phone, the APS worker can contact the United States Postal Inspection Service if there is reason to suspect that the same alleged abuser(s) may victimize others.
Agency responsibility or what to expect:	

APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Complaint forms are available and can be downloaded from the United States Postal Inspection Service website at: https://postalinspectors.uspis.gov/contactUs/filecomplaint.aspx
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**United States Secret Service**
Agency Description:	The United States Secret Service (Secret Service) is a federal law enforcement agency and is responsible for maintaining the integrity of the nation's financial infrastructure and payments systems. The Secret Service constantly implements and evaluates prevention and response measures to guard against electronic crimes as well as other computer related fraud. Offenses investigated by the Secret Service include, but are not limited to, the following: • Identity Crimes (Credit Card/Access Device Fraud, Check Fraud, Bank Fraud, False Identification Fraud, Passport/Visa Fraud, and Identity Theft) • Counterfeit and Fraudulent Identification • Computer Fraud • Forgery • Money Laundering • Electronic Benefits Transfer Fraud • Asset Forfeiture • Advance Fee Fraud • Fiduciary Fraud
What to Report:	
Contact Information /Where to Report:	Start with local law enforcement
Does client/authorized representative need to be involved in the referral/cross –report?	No
Agency responsibility or what to expect:	

APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	**US Immigration and Customs Enforcement (ICE)**
Agency Description:	U.S. Immigration and Customs Enforcement is the principal investigative arm of the U.S. Department of Homeland Security (DHS). Created in 2003 through a merger of the investigative and interior enforcement elements of the U.S. Customs Service and the Immigration and Naturalization Service, ICE now has more than 20,000 employees in offices in all 50 states and 47 foreign countries. HSI investigates immigration crime, human rights violations and human smuggling, smuggling of narcotics, weapons and other types of contraband, financial crimes, cybercrime and export enforcement issues.
What to Report:	Possible cases of human rights violations, human smuggling, financial crimes and cybercrime.
Contact Information /Where to Report:	HIS Tip form: http://www.ice.gov/exec/forms/hsi-tips/tips.asp
Does client/authorized representative need to be involved in the referral/cross –report?	yes
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here) Sharing of information subject to approval of local County Counsel.

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Agency Name:	**Veterans Affairs (California Department of Veterans Affairs)**
Agency Description:	The California Department of Veterans Affairs (CalVet) works to serve California veterans and their families. With nearly 2 million veterans living in the State, CalVet strives to ensure that its veterans of every era and their families get the state and federal benefits and services they have earned and deserve as a result of selfless and honorable military service. CalVet strives to serve veterans and their families with dignity and compassion and to help them achieve their highest quality of life. CalVet offers a variety of services to honorably discharged veterans from residency in one of our state Veterans Homes to helping you purchase a home through our Farm and Home Loan program. This department also advocates for veterans, providing information and representation before the U.S. Department of Veterans Affairs. There are many services, benefits and preferences provided to you by the people of California as a way to honor your service.
What to Report:	Depending on the need of the Veteran client, there are a variety of services and programs that may be available. Check the website at https://www.calvet.ca.gov/VetServices
Contact Information /Where to Report:	Some available resources contact information is below: Homeless 877-4(AID) (VET) / 877-424 3838 West Los Angeles Medical Center 310-478-3711 (Directory of Services) Los Angeles Ambulatory Care Center 213-253-2677 San Luis Obispo 805-543-1233 Santa Maria 803-354-6000 Santa Barbara 805-683-1491 Oxnard 805-604-6960 Bakersfield 661-632-1800 National Suicide Crisis Line 800-273 TALK (8255) Veterans Service Center 888-823-9656 VA Benefits Regional Offices 1-800-827-1000 Health Care Benefits 1-877-222-8387 VA Loma Linda Social Work Service at (909) 583-6071
Does client/authorized representative need to be involved in the referral/cross –report?	yes
Agency responsibility or what to expect:	Varies by VA program and requirement

APS responsibility or what to expect:	Seek services and resources when appropriate for clients who are veterans.
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	Varies by VA program and requirement
County specific guidance:	(Enter guidance specific to your county here)

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Agency Name:	
Agency Description:	
What to Report:	
Contact Information /Where to Report:	
Does client/authorized representative need to be involved in the referral/cross –report?	
Agency responsibility or what to expect:	
APS responsibility or what to expect:	
Legal citations, W&I code or specific policy information:	
Reporting Vehicle/Format:	
County specific guidance:	(Enter guidance specific to your county here)

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SB 196 – APS Initiated Restraining Order (AIRO)

Overview:

Beginning July 1, 2016, W&IC 15557.03 and 15610.07 will be modified to allow an APS agency to file a Request for Elder or Dependent Adult Abuse Restraining Orders (EA-100) on behalf of a client who has suffered abuse as defined in section 15610.07(a) and…

1. *Has an impaired ability to appreciate and understand the circumstances that place him or her at risk of harm – 15657.03(a)(3)(A)(i).
   a. *When neither a filing for a conservatorship has been made, nor a conservatorship exists.
   b. *When either a filing for a conservatorship has been made, or a conservatorship exists.
2. *Has provided written authorization – 15657.03(a)(3)(A)(ii).

**Designation of 1a, 1b or 2 below refers to the definitions in the Overview above.*

Objectives: Use an AIRO as a tool when there is a high probability that the client's safety will be secured through…

1a	1b	2
• Probate conservatorship • Other long-term means of protection (i.e. criminal protective orders)	• Revised Probate conservatorship • Revised LPS conservatorship	• A comprehensive safety plan that includes the victim's cooperation.

Types of Clients: These are example of client types but not intended to be exclusive.

1a	1b	2
• Cognitive impairment • Brain damage • Significant physical disability • Developmental disability • Unable to manage financial affairs • Chronic victim of fraud	• LPS conservatee • Probate conservatee	• Victim fearful self-initiated filing will exacerbate abuse • Limited mobility • Other limitation or barrier that inhibits victim's ability to file

<table>
<tr><th colspan="3">Criteria:</th></tr>
<tr><th>1a</th><th>1b</th><th>2</th></tr>
<tr><td colspan="3">• The client has suffered abuse as defined in section 15610.07(a).</td></tr>
<tr><td colspan="2">• The victim has an impaired ability to appreciate and understand the circumstances that place him or her at risk of harm (see Types of Clients under 1a and 1b above).</td><td>• The victim is willing to provide written authorization for the APS intervention.</td></tr>
<tr><td>• There is a high probability APS intervention will lead to long-term safety.
o Consider less intrusive interventions that may be equally or more effective.
o Consider any additional risks created post-AIRO.
o Complete a risk assessment based on current circumstances.
o Complete a risk assessment based on post-AIRO circumstances.
o Complete a comprehensive safety plan.
o Request manager approval.</td><td>• Current LPS or Probate conservatorship not providing for long-term client safety
o Complete a risk assessment based on current circumstances
o Complete a comprehensive safety plan</td><td>• There is a high probability APS intervention will lead to long-term safety.
o Consider less intrusive interventions that may be equally or more effective.
o Consider any additional risks created post-AIRO.
o Complete a risk assessment based on current circumstances.
o Complete a risk assessment based on post-AIRO circumstances.
o Complete a comprehensive safety plan.
o Request manager approval.</td></tr>
<tr><td>• Manager review:
o Criteria above have been met.
o Intervention likely to lead to conservatorship or other long-term means of protection (i.e. criminal protective orders).
▪ Cognitive impairment: Victim exhibits two of more of the criteria for conservatorship listed in Probate Code section 811(a), (b) & (c) – consult with PG.</td><td>• Supervisor review:
o Despite the current LPS/Probate conservatorship in place, this client needs further protection.</td><td>• Manager review:
o Criteria above have been met.
o Intervention likely to lead to conservatorship or other long-term means of protection (i.e. criminal protective orders).
o Victim is a willing participant in the safety plan.</td></tr>
</table>

Table continued on next page

Criteria:

1a	1b	2
▪ Developmental disability: Victim has been deemed developmentally delayed by local Regional Center (RC) – reference Probate Code section 2351.5.		
• Manager approval	• Supervisor approval	• Manager approval
• Consult with County Counsel • Seek Capacity Declaration (GC-335) via… ○ Victim's health insurance provider, ○ Elder Abuse Forensic Center, or ○ Other resource. • Refer case to PG prior to or concurrent with filing AIRO application.	• Consult with a Probate Court Investigator ○ Social worker to share concerns regarding the current conservatorship not being able to provide long-term safety to the client. ○ Public Guardian's Office can investigate concerns and bring the matter back to court for revisions (if applicable).	• Consult with County Counsel • File application for AIRO (see AIRO Process below).
• File application for AIRO (see AIRO Process below).	• Do not file application for AIRO (Public Guardian will review/assess)	

<table>
<tr><th colspan="2">AIRO Process: The AIRO filing instructions only apply to 1a and 2</th></tr>
<tr><th>1a</th><th>2</th></tr>
<tr><td>• Complete Elder or Dependent Adult Abuse Restraining Order packet (check website or consult with Clerk for your local Superior Court)
o On section 3(c) of the EA-100, check “Other” and enter your name and title preceded by “Adult Protective Services” (e.g. Adult Protective Services, Social Services Social Worker V).
o Follow directions in section 3(c) of the EA-100 to state your legal authority on an MC-025 (see specifics below).</td><td>• Complete Elder or Dependent Adult Abuse Restraining Order packet (check website or consult with Clerk for your local Superior Court)
o On section 3(c) of the EA-100, check “Other” and enter your name and title preceded by “Adult Protective Services” (e.g. Adult Protective Services, Social Services Social Worker V).
o Follow directions in section 3(c) of the EA-100 to state your legal authority on an MC-025 (see specifics below).</td></tr>
<tr><td>• Cognitive impairment:
o Attach Capacity Declaration (GC-335) to MC-025.
o *If no Capacity Declaration, submit narrative in MC-025 listing evidence and observations that victim “has an impaired ability to appreciate and understand the circumstances that place him or her at risk of harm.”
*You may include observations from others like law enforcement officers, but don’t attach a police report that has not been redacted by the law enforcement agency. In most cases, a police report is not necessary.
• Developmentally delayed:
o Attach Regional Center assessment to MC-025.</td><td>• Attach written authorization to MC-025.</td></tr>
<tr><td colspan="2">• Complete the relevant remaining fields in the Elder or Dependent Adult Abuse Restraining Order packet.
• File packet with court clerk of the Probate Court in the proper jurisdiction.
• Pick up the forms from the clerk and see…
o If the judge signed the Temporary Restraining Order (CLETS - TCH) (Form CH-110).
o If the judge made any changes to the orders you asked for in your request.
o When your court hearing is, on the Notice of Hearing (Form CH-109). The court hearing is also the date your temporary order runs out. If you want to extend it, you must go to your hearing to get a permanent order.
o Even if the judge did not make all the temporary orders you asked for, you can still go to the court hearing and ask for those orders. The judge may grant them at the court hearing, even if he or she did not grant them as temporary orders before the hearing.</td></tr>
</table>

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AIRO Process: The AIRO filing instructions only apply to 1a and 2	
1a	**2**

- File your forms:
  - If the judge signs the order, the court clerk will file it.
  - “File” means that the court clerk will make the order an official part of the court’s record of your case.
  - The clerk will keep the original for the court and give you the 5 copies stamped “Filed.”
  - If you need more copies, you can make them yourself.
- There is no filing fee – W&IC 15657.03(a)(7)(q).
- Distribute your copies of the temporary restraining order:
  - Place a copy of the temporary restraining order in the client file.
  - Keep a copy with you always when visiting the client in the field, as you may need to show it to the police.
  - Give a copy to the person(s) protected by the order.
  - Leave copies at the places where the restrained person is ordered not to go (i.e. the victim’s home, with building security, etc.).
- Serve your copies (at least five (5) days prior to the hearing):
  - Request service from the law enforcement agency in the jurisdiction of the person being served.
  - There is no charge or fee if you have law enforcement perform the service of process.
  - People you must serve:
    - Suspected abuser
    - Victim (Court may shorten time to notice victim)
      - Ask victim if he or she wishes to attend the hearing.
      - If victim wished to attend, make reasonable efforts to assist the victim to attend.
  - Bring victim or explain why victim is not present
- At the Court Hearing
  - Arrive thirty (30) minutes early.
  - Give your testimony.

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AIRO Process: The AIRO filing instructions only apply to 1a and 2	
1a	2

- After the Court Hearing
  - If the judge issues a restraining order at the hearing, the clerk or other court staff will prepare this order.
  - Review it to make sure it says what the judge orders.
  - The clerk will give the orders to the judge to sign (EA-130).
- Serve the EA-130 to the restrained person.
  - If the restrained person was at the hearing, you do not have to legally serve him or her with a copy of Form EA-130. But it is a good idea to do it, and if you choose to, you can have him or her served with a copy of Form EA-130 by mail. Ask the server to complete the Proof of Service of Order After Hearing by Mail (Form EA-260) and give it back to you so you can file it. Keep a copy of it with your restraining order at all times.
  - If the restrained person was not at the hearing, but the judge's orders are the same as the temporary order, you can have him or her served with a copy of Form EA-130 by mail. Ask the server to complete the Proof of Service of Order After Hearing by Mail (Form EA-260) and give it back to you so you can file it. Keep a copy of it with your restraining order at all times.
  - If the restrained person was not at the hearing, and the judge's orders are different from the temporary order, you must have someone serve Form EA-130 in person, NOT by mail. Ask the server to complete the Proof of Personal Service (Form EA-200) and give it back to you so you can file it. Keep a copy of it with your restraining order at all times.
- Distribute copies of the EA-130 as you did the temporary restraining order.

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CALIFORNIA ADULT REPATRIATION INTAKE FORM

Repatriate Name: Date:

Who is embassy caseworker/social worker:
Can we talk to them:

***Please complete fields for which you have information.
If you do not have information, please leave the field blank***

Demographic Information:

Age: DOB: Country of destination: Language:

Gender: Check if a Veteran: ☐

Repatriation leaving (check one) ☐ voluntary ☐ involuntary

Is the repatriate a deportee? Visa Status:

Valid Identification: Any other form of identification?

Medical Information:

Medical history/diagnostic information (specify whether chronic) (any and all information is appreciated, with as much detail as possible):

Please specify if client has memory loss and to what extent (Please provide an example)?

Current medications:

Will they be arriving with meds and, if so, what is the dosage?

Any mobility/ambulation issues?

Devices needed (e.g. wheelchair, ambulance, glasses):

Mental Health Information:

Mental health history/diagnostic:

Client is acute/in crisis ☐

Details regarding current treatment plan:

Danger to self/others? Please be specific:

CA Adult Repatriation Intake Form 2020

Financial Status:

Does repatriate have SSI or other Income?

Does the repatriate have bank accounts outside the US and if so, does repatriate have access to these accounts?

Will repatriate have access to SSI or other income upon arrival?

Does the repatriate have Medi-cal and/or Medicare benefits in place?

Residency Information:

Residency status at time of repatriation?

Does the repatriate have an identified residence upon arrival?

From where is the repatriate being discharged or released?

☐ Shelter ☐ Hospital ☐ Facility ☐ Family home ☐ Prison ☐ Other

Was repatriate homeless prior to being identified as a repatriate?

Residency History/Affiliation with County/State upon arrival in the US? If so, what is the location?

Behaviorial Issues:

If a danger to self or others, please describe in more detail:

Does the repatriate have a history of violence and when was the most recent incidence of violence?

Does the repatriate have a conviction or if coming from prison, what was the criminal conviction?

Does the repatriate have any current substance abuse issue?

Drugs of choice? /ETOH use?

Repatriate Needs During Transport to CA County:

Would the repatriate benefit from an escort?

CA Adult Repatriation Intake Form 2020

Would the repatriate benefit from a nurse?

Does the repatriate have any hygiene issues?

Does the repatriate require any incontinence supplies?

Contact Information / Support System:

CA Contact information (please specify if local to County of repatriation):

Family members (name, phone, address and email)

Friends (name, phone, address and email)

How much luggage?

Does the repatriate have a cell phone? If so, cell number:

Optimal arrival is Mon-Thu during business hours otherwise repatriate may not be housed. Assessment will be made for the most appropriate housing in the County of repatriation. Note that housing may be limited.

CA Adult Repatriation Intake Form 2020

Repatriation Time Sheet

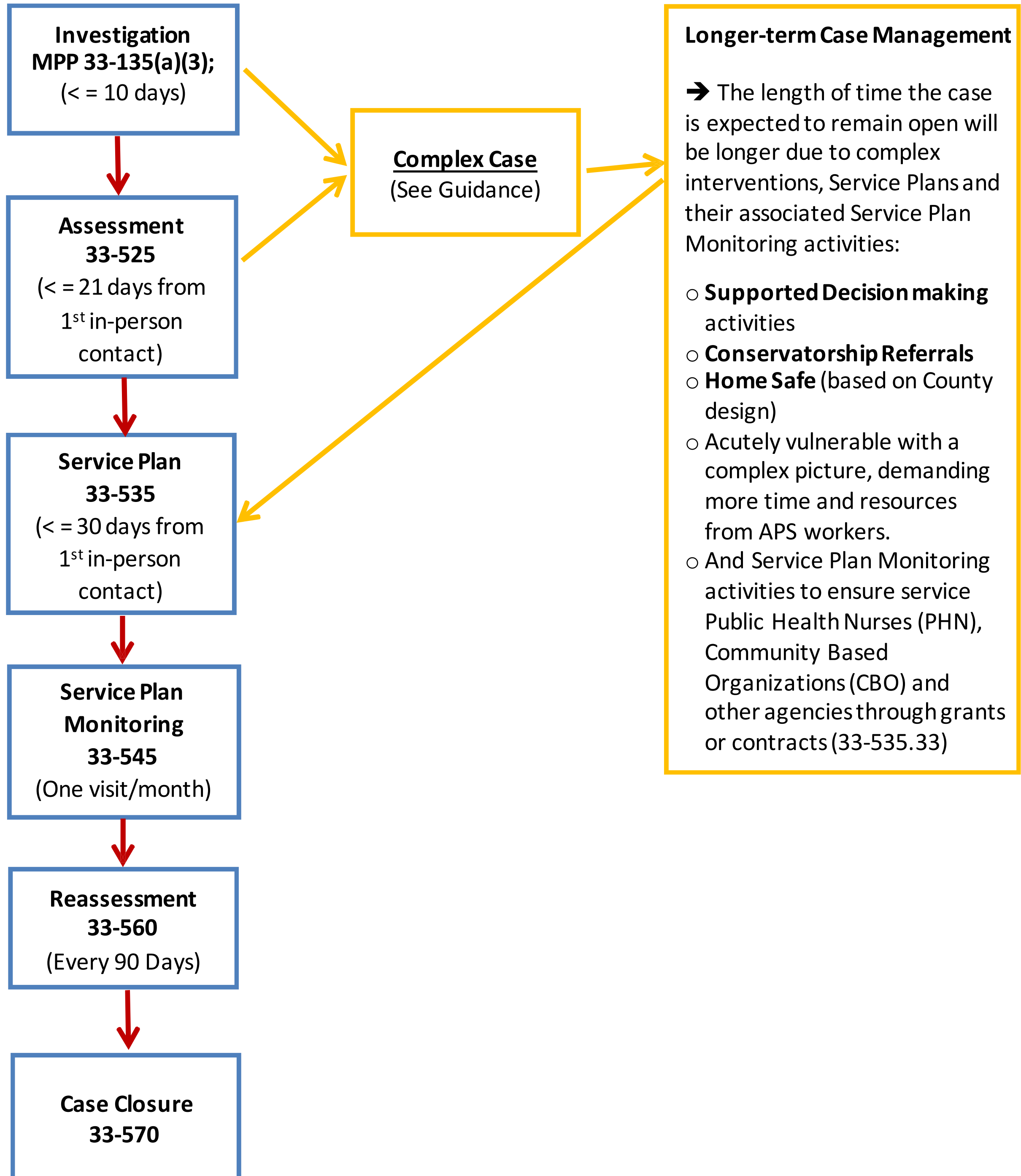
Client Name: Joe Repate | **ISS Case Number: 123456789**

Date:	Activity:	Documentation Time (minutes)	Contact Time (minutes)	Mileage Traveled
12/3/2014	Case receipt and review		10	
12/3/2014	MDT w/ ISS		10	
12/3/2014	Consult with APSS		10	
12/4/2014	Complete referral to open case		10	
12/4/2014	Consult with APSS		10	
12/4/2014	Consult with covering supervisor		10	
12/4/2014	Consult with APSS		5	
12/5/2014	Motel reservation	5	5	
12/5/2014	Review emails		5	
12/5/2014	Discuss case with Sr Wkr		5	
12/8/2014	Consult with APSS		10	
12/16/2014	Rec'd VM from cousin	10	5	
12/16/2014	Rec'd VM from dgt	10	8	
12/16/2014	Housing search	10	45	
12/16/2014	Review of CC emails	10	20	
12/16/2014	Consult w/Sup	5	20	
12/16/2014	Consult w/Sup + PM	8	35	
12/17/2014	PC to Cousin	5	5	
12/17/2014	Rec'd call from cousin	8	10	
12/22/2014	Met with CLT at airport	5	180	25
12/22/2014	Rew'd CC emails/consult with PM	5	25	
12/22/2014	Rec'd call from cousin	5	5	
12/23/2014	Collab with AIS/FRC to set up appt	10	20	
12/23/2014	PC to FRC Sup	8	15	
12/23/2014	FRC Field Visit/Benefits appt/UCSD	10	360	21
12/24/2014	PC to family	8	15	
12/24/2014	PC to family	5	10	
1/5/2015	Emails rec'd from CLT	5	10	
1/5/2015	Completed assessment	45	0	
1/7/2015	PC to SW @UCSD	5	10	
1/21/2015	Coordinated DC paperwork to CLT	8	90	
1/22/2015	Rec'd VM from SSA office	8	5	
1/23/2015	Rec'd VM from SW	5	5	
1/24/2015	PC to cousin	5	20	
1/25/2015	Rec'd email from CLT with status	5	5	
2/1/2015	Facilitated CLT's Sservice documents to him/exp	8	42	20
2/10/2015	Facilitated General Relief assessment/orientatio	10	190	26
2/11/2015	Follow up with SSI Advocate/Legal Aid Society	10	20	
2/13/2015	Review case for closing	20		
2/15/2015	Prepare case for fiscal	60		
2/16/2015	Finalize fiscal documents	45		
	Subtotal:	366	1265	92
		TOTAL MINUTES	1631	
		TOTAL HOURS	27.18333333	

	HRLY RATE	WORKER	TOTAL TIME (HOURS)	TOTAL SALARY
	$25.76	APS Worker 1	25.18	$648.64
	$19.78	PSA 1	2	$39.56
				$0.00
				$0.00
			SUBTOTAL:	$688.20
			MILEAGE: (@$ 0.23/mile)	$21.16
	Receipts attached		PURCHASES:	
			TOTAL COST:	$709.36

CA Adult Repatriation Intake Form 2020

Consistency Workgroup on Longer-term Case Management (LrTCM)
California APS Case Management Flowchart*



*Based on generally current practice by many county APS programs.