

DEPARTMENT OF

**ELDER  
AFFAIRS**  
STATE OF FLORIDA



# **Adult Protective Services Referrals Operations Manual**

Developed by the Florida Department of Elder Affairs, the Florida Department of Children and Families, and the Area Agencies on Aging

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## **Appropriate Referrals**

1. Only a protective investigator supervisor or a protective investigator with the approval of an adult protective investigator supervisor can initiate Adult Protective Services (APS) referrals.
2. Each APS referral for home and community-based services will be sent to the appropriate intake entity for the county in which the APS referral resides. Referrals for placement will not be referred to the aging network.
3. APS referrals for individuals age 60 and older or age 18 and older who are enrolled in Statewide Medicaid Managed Care Long-term Care (SMMC LTC) will be entered into the Adult Protective Services Referral Tracking Tool (ARTT).
4. APS referrals for individuals age 60 and older who are not enrolled in SMMC LTC will be referred to the appropriate Area Agency on Aging (AAA) and/or Community Care for the Elderly (CCE) Lead Agency.

APS referrals for individuals age 18 and older who are enrolled in SMMC LTC will be referred to the appropriate managed care provider. The AAAs and CCE Lead Agencies will not receive these referrals.

5. Only APS referrals for individuals residing in the community who are capable of being safely served with home and community-based services will be sent to intake entities and entered into the ARTT.
6. Pursuant to Section 430.205(5), Florida Statutes, APS referrals in need of immediate services to prevent further harm will be given primary consideration for receiving CCE services. The CCE Lead Agency may elect to coordinate needed services using other programs, such as Home Care for the Elderly (HCE) and services not funded through the Department of Elder Affairs (DOEA with the AAA's approval. Adult Protective Services referrals not in need of immediate services to prevent further harm will be prioritized for services in accordance with DOEA prioritization criteria.

The provision of services will be based on the need for services as determined by the assessment priority score.

7. An APS referral initially sent to Adult Protective Services by a protective investigator that is later referred to the intake entity will be entered into the ARTT.

### **High-Risk Referrals**

8. If the person who is the subject of the APS referral needs immediate protection from further harm, which can be accomplished completely or in part through the provision of home and community-based services, the referral to the aging network will be designated as a "high-risk referral." The high-risk referral will be staffed by APS and the AAA-designated CCE Lead Agency to determine the specific services needed. Such services may be time limited and designed to resolve the emergency or crisis situation that could place the person at risk of further harm. For referrals received during business hours, the CCE Lead Agency must initiate the emergency or crisis resolving service(s) within 72 hours of receipt of the referral packet. For referrals received after business hours, the CCE Lead Agency must initiate the emergency or crisis resolving service(s) within 72 hours of receipt of the phone call from APS. This includes services identified by APS but not currently provided. Case management alone does not meet this requirement. For high-risk referrals that are currently receiving services funded by the DOEA, the 72-hour time frame includes not only existing services, but also any additional emergency or crisis resolving service(s) identified at staffing.

Adult Protective Services staff must advise consumers upon referral that services put in place may be limited to 31 days. Upon receipt of the referral, the CCE Lead Agency must also communicate to the consumer that services put in place may be limited to 31 days. The provision of services may exceed 31 days if 1) the emergency or crisis still exists and continuation of the services is needed for resolution, or 2) the crisis is likely to return without the provision of services.

9. Adult Protective Services staff must fax or hand-deliver referral packets for high-risk referrals to the intake entity within three (3) hours of entering the referral into the ARTT. The protective investigator or protective investigator supervisor and intake entity will discuss the APS referral and any safety issues and risk factors in person or over the telephone.
10. Adult Protective Services high-risk referrals made after business hours (including evenings, weekends, and holidays) require a telephone call to the intake entity. The following referral information must be provided: name, Social Security number, address, safety assessment, risk factors (such as environmental concerns), and type of report. The referral will be entered into the ARTT within the first three (3) hours of business on the next business day. Within three (3) hours of entering the referral into the ARTT, a referral packet will be faxed or hand-delivered to the intake entity (see #24 for packet contents).
11. Before services are terminated after 31 days, the client will be seen face-to-face by a CCE Lead Agency case manager. If it is determined that services can be safely terminated, APS will be contacted (using contact information in the ARTT). Adult Protective Services will participate in a discussion of the client regardless of the status of the case.

If both parties agree that crisis-resolving services can safely be terminated, the client may be placed on a waitlist for additional services, if appropriate. The case manager will complete and enter a new 701B Form in the Client Information and Registration Tracking System (CIRTS). The case manager will set the referral source to "Other" in CIRTS. The case manager will also respond to the follow-up question, "what is the purpose of this assessment," with an appropriate response based upon the initial referral from APS. The response will indicate the area(s) where the change occurred, e.g. health, living situation, caregiver, environment, income. This allows the individual to be prioritized for services in accordance with DOEA prioritization criteria while leaving the previous assessment record, including the previous "APS" referral source status, intact.

If both parties do not agree that services can safely be terminated, the CCE Lead Agency case manager will assess the client's needs, and the assessment will be entered in CIRTS. A protective investigator supervisor and a case manager supervisor at the CCE Lead Agency will jointly review the case to resolve the issue(s). If both parties continue to disagree about the client's need for additional services, refer to #40 in this manual.

If the CCE Lead Agency determines that the emergency or crisis still exists and continuation of services is needed for resolution, or the crisis is likely to return without the provision of services, the services needed to meet those criteria must not be terminated.

12. If at any time the client refuses services, the client's case with APS is closed and without services the client will be at risk of further harm, the case manager must file a report with Florida Abuse Hotline (F.S. 415.1034).

#### **APS Referral Tracking Tool (ARTT) Entries**

13. Only referrals for victims of second party abuse, neglect, and exploitation or self-neglect who need home and community-based services as identified by Adult Protective Services staff will be put into the ARTT.
14. All APS referrals made during business hours will be entered into the ARTT on the same day the referral is made.
15. If the ARTT is not available at the time of referral, an APS referral form will be manually completed and hand-delivered or faxed to the intake entity as part of the referral packet. The intake entity will be informed of the problem. When the ARTT becomes available, the referral will be entered into the ARTT. The date the referral packet was sent is entered on the "Section 4" tab if the date differs from the date the entry is made in the ARTT.

16. All APS referrals, regardless of risk level (i.e., high, intermediate, or low), will be entered into the ARTT.
17. Each referral will be entered separately into the ARTT. If services are being requested for more than one member in a household, separate referrals will be entered into the ARTT. The same abuse report number may be used for more than one member in a household.
18. Each referral entered into the ARTT must be approved and signed in the ARTT by the protective investigator supervisor within 24 hours of receipt from the adult protective investigator.
19. If a new abuse report (number) is received for an individual who had been reported and referred previously, a new referral will be entered into the ARTT, regardless of whether or not the individual is currently receiving services.
20. The information the AAA or CCE Lead Agency will enter in the ARTT is listed below according to risk level.

**ARTT Data Entry Requirements for High-Risk Referrals:**

<b>ARTT Field</b>	<b>Description</b>	<b>Requirements</b>	<b>Data Entry Timeframe *</b>
Action Taken by Provider	What actions have been taken for the client including which services were provided	Mandatory	Enter within 5 calendar days
Staffing or Additional Comments	Comments to assist with addressing the needs of the client	Enter as appropriate	
Service Provider's Signature	Name of the case manager	Mandatory for all referrals	Enter within 5 calendar days
Schedule Staffing Date	The date the case will be staffed	Mandatory	Enter within 5 calendar days

\* For referrals made during business hours, timeframes begin when the referral packet is received. For referrals made after business hours, timeframes begin when the phone call from Adult Protective Services is received.

**ARTT Data Entry Requirements for Intermediate and Low-Risk Referrals:**

<b>ARTT Field</b>	<b>Description</b>	<b>Requirements</b>	<b>Data Entry Timeframe *</b>
Action Taken by Provider	What actions have been taken for the client including which services were provided	Action Taken by Provider <u>or</u> Staffing or Additional Comments mandatory	Enter within 14 calendar days
Staffing or Additional Comments	Comments to assist with addressing the needs of the client	Action Taken by Provider <u>or</u> Staffing or Additional Comments mandatory	Enter within 14 calendar days
Service Provider's Signature	Name of the case manager	Mandatory for all referrals	Enter within 14 calendar days
Schedule Staffing Date	The date the case will be staffed	Enter as appropriate	Enter when available

\* For referrals made during business hours, timeframes begin when the referral packet is received. For referrals made after business hours, timeframes begin when the phone call from Adult Protective Services is received.

21. The intake entity will work with APS staff to identify and maintain, in accordance with law, accurate Social Security numbers (SSN) should the two agencies have different SSNs for the same individual.
  
22. If a client's SSN is not known, a pseudo SSN should be created as follows: the first three characters are the client's initials from their name (first, middle, and last) and the last six characters are the client's six-digit date of birth. The date of birth should follow the format "MMDDYY" where "MM" is the two-digit month, "DD" is the two-digit day of the month, and "YY" is the two-digit year. If the client's middle initial is unknown, "X" should be used. For example, the pseudo SSN for John L. Smith, born on May 18, 1961, would be "JLS051861." These guidelines should only be used after every effort to obtain the client's correct SSN has been made.

**Referral Packets**

23. Referral packets for high-risk referrals must be faxed or hand-delivered to the intake entity within three (3) hours of entering the referral into the ARTT and within 24 hours for intermediate and low-risk referrals. If circumstances prevent APS from completing the safety assessment within three (3) hours for high-risk referrals and



within 24 hours for intermediate and low-risk referrals, the protective investigator must contact the intake entity to discuss the safety and risk factors.

24. Each referral packet will include the referral form (printed from the ARTT if the ARTT is available at the time of referral), the Adult Safety Assessment, and at least one of the following:
- Capacity to Consent Assessment;
  - Provision of Voluntary APS CF-AA 1112 form if the individual being referred does not have capacity to consent, but a caregiver or guardian has given consent for services to be provided; and
  - Court Order (if services were court ordered).

#### **Retracting/Rejecting Referrals**

25. If it is determined by the protective investigator supervisor that a referral should not be sent to the aging network after it is entered into the ARTT, the referral will be marked as “Should Not Be Sent” in the ARTT. This option is only available if the referral has not yet been sent to the intake entity via the ARTT. Referrals marked as “Should Not Be Sent” will not be visible to the aging network.
26. If it is determined that a referral sent to the aging network through the ARTT should not have been sent, the protective investigator must contact the intake entity and provide the reason why the referral should not have been sent. For high-risk referrals, the adult protective investigator must contact the intake entity within 24 hours. For intermediate and low-risk referrals, contact must be made within 48 hours (if during business hours) or the next business day. The intake entity will then reject the referral and document the reason for the rejection in the ARTT.
27. Reasons for rejection of a referral in the ARTT may include the following:
- Adult Protective Services rescinds the referral;

- The referral is solely for placement, which is the responsibility of the Department of Children and Families (DCF) and should not have been referred to the intake entity;
- The referral is a duplicate (more than one referral is in the ARTT for the same person referred on the same day), as confirmed by APS; or
- The referral is for an individual who is enrolled in the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program. The intake entity must contact the protective investigator and notify him/her that the referral was not accepted because the individual is enrolled in SMMC LTC. The intake entity must also note that the individual is enrolled in SMMC LTC in the ARTT as the reason for rejection. The protective investigator will then update the ARTT referral to indicate that it is an SMMC LTC client and contact the managed care plan (MCP) and hand-deliver or fax the referral packet to the MCP.

A referral must not be rejected due to the fact that the individual was receiving services at the time of referral.

28. Referrals received for individuals that do not live in the jurisdiction of the intake entity should not be rejected in the ARTT. The intake entity must contact the protective investigator and notify him/her that the referral was not accepted and the reason(s) why. The protective investigator must update the ARTT referral with the appropriate address and county and hand-deliver or fax the referral packet to the appropriate intake entity. The protective investigator must also call the appropriate intake entity to inform them of the new referral.

### **Accepting/Receiving Referrals**

29. The intake entity must acknowledge receipt of all APS referrals in the ARTT on the same day the referral packet is received. If the referral was not entered in the ARTT prior to the referral packet being received, the intake entity must contact the protective investigator that made the referral. Once the referral is entered in the ARTT, the intake entity must acknowledge receipt of the referral in the ARTT. If the

referral is being acknowledged one or more days after the packet was received, the date the referral packet was received must also be entered in the “Aging Network” tab in the ARTT. All appropriate entries in the ARTT must be made (see #20).

30. The intake entity will confirm receipt of a faxed referral packet by contacting the DCF office via telephone or email the same day the referral packet is received. Email messages must only refer to the abuse report number and must not include the name or SSN of the referral.
31. A 701B comprehensive assessment must be completed in person within 72 hours of receipt of the ARTT referral packet for high-risk referrals received during business hours. For high-risk referrals received after business hours, the 72 hours begins when the phone call from APS is received. A 701S, 701A, or 701B assessment must be completed within 14 calendar days for intermediate and low-risk referrals.
32. CCE co-payments for services will be waived for high-risk referrals during the first 31 days of service or until the vulnerable adult’s crisis situation has been resolved as determined by the CCE Lead Agency and APS staff.

### **CIRTS Entries**

33. The following information will be entered in CIRTS by AAA or CCE Lead Agency staff for all APS referrals:
  - Assessment information, which includes setting the referral date to the date the referral packet was received by the intake entity, the referral source set to “abuse/neglect,” and the risk level set as determined by APS (high, intermediate, or low);
  - Enrollment information;
  - If services are provided, care plan information; and
  - For high-risk referrals, the specific services provided within the first 72 hours after the individual was referred. (See #34 for information about how these services are to be recorded in CIRTS.)

For high-risk referrals, assessment and enrollment information must be entered into CIRTS within 14 calendar days of receipt of the referral packet. Services and care plan information must be entered in CIRTS by the end of the month in which services were provided. For intermediate and low-risk referrals, this information must be entered in CIRTS in accordance with DOEA policy.

34. Adult Protective Services high-risk referrals must have the following information entered in CIRTS by AAA/CCE Lead Agency staff:
- Units of service for case management and services entered using the date-specific method for the 72-hour period following the referral. This includes existing services and services that may normally be reported in aggregate such as Older Americans Act services. For the next 28 days, services must be aggregated weekly, i.e., the total number of units provided each week must be entered in CIRTS. (Alternatively, the date-specific method may be used for the full 31-day period.) After this 31-day period, CCE Lead Agencies may return to entering units in compliance with CIRTS reporting requirements.
  - Informal services arranged by the case manager (for example, services provided by churches, neighbors, or other community resources) are entered using the date-specific method by setting the program to “Non-DOEA Program” (NDP), the number of units to “1,” and the unit cost to “0.”
  - For current clients referred by APS and determined high-risk by APS, the dates of service delivery and units of service are entered as if the individual were a new high-risk referral (i.e., using the date-specific method for the first 72 hours after referral).

#### **Service Delays/Refusals**

35. Within 31 days of receipt of a high-risk referral, if the person being referred refuses to be assessed or refuses one or more of the services needed to resolve the crisis, or if there is a delay in service provision for reasons beyond the control of the service providers, the CCE Lead Agency will do the following:

- Contact the APS investigator within 24 hours of the refusal/delay if the 24-hour period occurs during business hours; otherwise, contact APS the next business day, to discuss the situation and determine the next best course of action;
- Add a new client on the Demographic screen in CIRTS, which requires only minimal demographic information (if the person referred refuses to be assessed);
- Create an entry in the Received Services screen in CIRTS if case management services were provided. Set the Service to “Case Management” with the appropriate date and number of units;
- Enter in the CIRTS Received Services screen the reason for the refusal or delay in service provision for high-risk referrals. Set the Program to NDP and set the Service using the most appropriate code listed below:
  - CLDC - Consumer deceased
  - CLDS - Consumer delayed services
  - CLRF - Consumer refused services
  - CLUV - Consumer unavailable
  - PLAF - Consumer placed in ALF
  - PLFM - Consumer placed with family
  - PLHS - Consumer placed in hospital
  - PLNH - Consumer placed in nursing home
- Set the number of units to zero;
- Set the Staffing Date field on the Aging Network tab to the date the situation was discussed with the adult protective investigator or adult protective investigator supervisor; and
- If the individual is temporarily institutionalized, the intake entity will work with DCF to discuss changes to the individual’s service needs upon return to the community.

**Case File Contents and Documentation**

36. A copy of all referral packets will be kept in the case files.

37. CCE Lead Agencies will document the following in the case notes/narratives for all high-risk referrals:
- Specific dates the individual was contacted by the case manager during the 31 days following the referral.
  - Specific dates the individual was assessed. This will include the date the individual was initially assessed and the date the individual was reassessed. Also document if and when the crisis was resolved.
  - The case manager's determination of the individual's abilities, needs, and deficiencies observed during all assessments.
  - Specific services and service dates for services provided during the 72 hours following the referral. This includes services not funded by DOEA.
  - Specific services provided and the frequency at which they were provided during the 31 days following the referral. This includes services not funded by DOEA.
  - All contact and discussions with APS staff.
  - All contact and discussions with Program of All-Inclusive Care for the Elderly (PACE) providers.
  - Specific dates the follow-ups are performed. At a minimum, follow-up within 14 calendar days to ensure that services started and again after 31 days to determine if services are still needed.
  - If services could not be provided for reasons beyond the control of the provider, document all actions taken in an attempt to provide services and/or contact the referred individual.
  - If services were delayed, document the reason why, when services began, and which services were provided.

#### **Referrals SMMC LTC and PACE Clients**

38. For all vulnerable adults enrolled in SMMC LTC at the time of referral, the protective investigator must contact the managed care plan (MCP) as recorded in FMMIS and cross-referenced on the contact list. Upon confirmation that the individual is enrolled with the MCP, the protective investigator must fax or hand-deliver the referral packet within three (3) hours of entering a high-risk referral in ARTT and within 24 hours

for intermediate and low-risk referrals. Prior to making the referral to the MCP, DCF staff must verify that the MCP is not suspected or determined to be responsible for the abuse, neglect, or exploitation of the individual. DCF staff will acknowledge in the ARTT the date that the MCP accepts the referral. AAAs and CCE Lead Agencies will not be notified of SMMC LTC clients added to the ARTT.

39. For all vulnerable adults enrolled in PACE at the time of referral, the AAA or CCE Lead Agency must contact the PACE provider recorded in CIRTS within two (2) hours of receipt of the referral packet. Upon confirmation that the vulnerable adult is enrolled with this provider, the referral packet must be faxed or hand-delivered to the provider. The name and phone number of a contact person at the CCE Lead Agency must be included in the packet. Prior to making the referral to the PACE provider, the CCE Lead Agency must ensure, using written and/or verbal information provided by DCF, that the PACE provider is not suspected or determined to be responsible for the abuse, neglect, or exploitation of the vulnerable adult. For high-risk referrals, assurance that crisis-resolving services can be provided within 72 hours of receipt of the referral by the intake entity must be obtained from the PACE provider. If the PACE provider is contacted after business hours (including evenings, weekends, and holidays), the provider has 24 hours in which to provide such assurance. If assurance is not obtained, the CCE Lead Agency is responsible for assessing the client and providing crisis-resolving services until assurance is provided by the PACE provider or the crisis is resolved.

The CCE Lead Agency will neither serve nor assess PACE clients who are referred to the PACE provider. For referrals who are PACE clients not served by the CCE Lead Agency, two service entries must be made in CIRTS using the date-specific method:

1. Service entry 1: Set the Program to "Non-Department of Elder Affairs Program" (NDP); set the service to "Referral/Assistance" (REFE); and set the service date to the date assurance was received from the PACE provider.
2. Service entry 2: Set the Program to "CCE" and set the service to "Case Management" (CM). This will allow case managers to bill for the time spent

discussing the client with, and transferring the referral packet to, the PACE provider.

The CCE Lead Agency is responsible for notifying the AAA of the status of each PACE referral, including any difficulties obtaining assurance of services from the PACE provider. The AAA must then relay this information via email to the PACE provider contract manager at DOEA.

### **Miscellaneous**

40. If at any time during the process there are any disagreements between the protective investigator and the CCE Lead Agency regarding services to be provided, the protective investigator supervisor and a case manager supervisor at the CCE Lead Agency will jointly review the case to resolve the issue(s). If the issue(s) cannot be resolved at that level, the case will be referred to the AAA and the DCF Operations Program Administrator/Program Operations Administrator. If the issue still cannot be resolved, the case will be referred to DOEA and DCF Headquarters for final resolution.



## Definitions

- **"Abuse,"** as defined in s. 415.102 (1), F.S., means any willful act or threatened act by a relative, caregiver, or household member, which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.
- **"Capacity to consent,"** as defined in s. 415.102 (4), F.S., means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether or not to accept protective services offered by DCF.
- **"Capacity to Consent Form"** is an assessment of the vulnerable adult's capacity to consent. This form does not get signed. The adult protective investigator completes the Capacity to Consent Form in the DCF statewide abuse information system. The determination of the vulnerable adult's capacity to consent is made by the protective investigator based on the information gathered. If, based on the completed Capacity to Consent Form, the vulnerable adult's capacity is questionable, the protective investigator seeks a professional decision of capacity from the vulnerable adult's physician, a psychologist, or a psychiatrist.
- A **"crisis"** exists when a vulnerable adult is at great or serious risk of harm.
- **"Crisis-resolving services"** are services that are needed immediately in order to reduce the current risk of great or serious harm to a vulnerable adult and to allow the individual to remain in his or her home setting more safely.
- **"Exploitation,"** as defined in s. 415.102 (7)(a) and (b), F.S., means a person who:
  - Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or

- Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

"Exploitation" may include, but is not limited to:

- Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
  - Unauthorized taking of personal assets;
  - Misappropriation, misuse, or transfer of funds belonging to a vulnerable adult from a personal or joint account; or
  - Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.
- **“Further Harm”** is defined as a vulnerable adult who is expected to suffer ill effects from additional or continued maltreatment(s) of second-party abuse, neglect, exploitation or self-neglect without the provision of services directed towards abating such maltreatment. The potential for further harm will be inferred by the closure of a report as a “vulnerable adult in need of services” (self-neglect) or a "second party" investigation closed with one or more maltreatment findings or indicators AND the protective investigator's initial assessment of risk of the victim is “high.”
  - **“Ill effects of neglect”** exist when a protective investigator determines that a vulnerable adult is suffering some degree of harm or injury or that there is a reasonable expectation of harm or injury directly resulting from second party or self-neglect as defined in 415.102 (15), F.S.
  - **“Intake Entity”** is defined as the agency to which DCF sends APS referrals. There may be more than one intake entity in a county. Each Planning and Service Area's (PSA) Aging and Disability Resource Center/Aging Resource Center (ADRC)/AAA determines which agency will be the intake entity for APS referrals in each county in their PSA. ADRCs/ARCs/AAAs acting as the intake entity are responsible for

notifying and transferring the appropriate documentation to the ADRC/ARC/AAA designated CCE case management agency when services are needed.

- **"Neglect,"** as defined in s. 415.102 (15) F.S., means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.
- **"Protective services,"** as defined in s. 415.102 (20) F.S., means services to protect a vulnerable adult from further occurrences of abuse, neglect, or exploitation. Such services may include, but are not limited to, protective supervision, placement, and in-home and community-based services.
- **"Protective supervision,"** as defined in s. 415.102 (21) F.S., means those services arranged for or implemented by the DCF to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.
- **"Signed Consent Form"** is a consent form titled "Provision of Voluntary Adult Protective Services" (Form #CF-AA 1112). This form is distinct from the Capacity to Consent Form. A copy of the signed Provision of Voluntary Adult Protective Services consent form is provided to the intake entity as part of the referral packet if the vulnerable adult lacks the capacity to consent and consent was provided by the caregiver or guardian.

If the vulnerable adult has capacity to consent, the vulnerable adult will be asked to sign this consent form for protective services. If the vulnerable adult refuses to sign the consent form but verbally requests services:

- The protective investigator will note on the consent form that the vulnerable adult refused to sign the consent form, and

- If someone is present that can serve as a witness to the vulnerable adult verbally giving consent for services, the witness or witnesses will be asked to sign and date the form as witness to the vulnerable adult's verbal consent.

If the vulnerable adult lacks capacity to consent, a caregiver or guardian must provide consent for services.

- If the vulnerable adult has a caregiver who provides consent for the provision of services (and the caregiver is not the possible responsible person for the abuse, neglect, or exploitation), the caregiver signs the consent form.
- If the vulnerable adult does not have a caregiver, but has a guardian who provides consent, the guardian signs the consent form.
- If the vulnerable adult lacks capacity to consent and there is neither a caregiver nor guardian, DCF will file a petition for court-ordered protective supervision whereupon a judge may issue an order for the provision of services.
- **"Vulnerable adult,"** as defined in s. 415.102 (26) F.S., means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunctioning, or brain damage, or the infirmities of aging.
- **"Vulnerable adult in need of services,"** as defined in s. 415.102 (27) F.S., means a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party perpetrator and is in need of protective services or other services to prevent further harm. This is the statutory definition for self-neglect.

### **Attachments**

- Adult Safety Assessment
- Capacity to Consent
- Provision of Voluntary Adult Protective Services CF-AA 1112



## ADULT PROTECTIVE SERVICES IN-HOME SAFETY ASSESSMENT

Client name: (Client Name)

SSN: (SSN)

Counselor: (Counselor Name) Unit:

For each factor, indicate (N)o, (Y)es, or (U)ncertain. Complete this for the Initial Assessment and ALL subsequent updates. Provide an explanation for each. A reference to a specific document can be used as the required explanation.

### VICTIM SAFETY FACTORS

1. Is 75 years or older

Initial    Update    Update  
(select) (select) (select)

Initial	
Update	
Update	

2. Has capacity to consent

Initial    Update    Update  
(select) (select) (select)

Initial	
Update	
Update	

3. Lives alone and there is no person available to assist or has no support system

Initial    Update    Update  
(select) (select) (select)

Initial	
Update	
Update	

4. Fears or has irrational desire to protect PRP or caregiver

Initial    Update    Update  
(select) (select) (select)

Initial	
Update	
Update	

5. Requires immediate medical attention or hospitalization

Initial    Update    Update  
(select) (select) (select)

Initial	
Update	
Update	

6. Has physical or mental limitations and / or behaviors that increase the risk of A/N/E or self neglect

Initial    Update    Update  
(select) (select) (select)

- I U1 U2 (I - Initial; U1 - 1<sup>st</sup> Update; U2 - 2<sup>nd</sup> Update)
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incontinent                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Self injurious                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of personal hygiene            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uses drugs or alcohol   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical aggression               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sexually inappropriate behaviors | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financially dependent on others     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unwilling or unable to provide for necessities of life regardless of income |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of elopement or wandering | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses medical care             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses needed service or placement |  |

Initial	
Update	
Update	

7. Has limitations of Activities of Daily Living

Initial    Update    Update  
(select) (select) (select)

- I U1 U2 (I - Initial; U1 - 1<sup>st</sup> Update; U2 - 2<sup>nd</sup> Update)
- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ambulates with assistance | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frail           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to bathe     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to use toilet |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to dress           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to groom | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to feed self | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bed bound            |

Initial	
Update	
Update	

8. Has limitations of functional ability

I	U1	U2	(I - Initial; U1 - 1 <sup>st</sup> Update; U2 - 2 <sup>nd</sup> Update)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to use phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to drive/use transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to do laundry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to do heavy chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to manage medical care/medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to shop
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to do light housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to manage finances

Initial	
Update	
Update	

9. Requires adaptive equipment

1	U1	U2	(I - Initial; U1 - 1 <sup>st</sup> Update; U2 - 2 <sup>nd</sup> Update)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital bed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedside commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen				

Initial	
Update	
Update	

10. Residence poses special problems or hazardous living conditions that place the victim at risk

I	U1	U2	(I - Initial; U1 - 1 <sup>st</sup> Update; U2 - 2 <sup>nd</sup> Update)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non working utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate heat/air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate food supply/ source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor sanitation/cleanliness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Initial	
Update	
Update	

11. Inappropriate living arrangement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
Update	
Update	

12. Report involves a death of any person as a result of A/N

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
Update	
Update	

**SERVICE NEEDS**

Services needed

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
Update	
Update	

13. Victim/caregiver agrees to identified services

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
Update	
Update	

14. Identified services currently available

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
Update	
Update	

15. Transportation is unreliable or unavailable

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial	
---------	--

Update	
Update	

16. Has adequate financial resources Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

17. Insurance provides for adequate medical care Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

**PRP FACTORS**

18. Responsible for the death or serious injury or death of another adult or child Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

19. Has unrestricted access to the victim Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

20. Describes or acts toward victim in negative terms or has unrealistic expectations Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

21. Fails to provide or arrange adequate medical care Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

22. Limits victim's access to the community and others cannot observe the condition of the victim Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

23. Physical or mental limitation that affects the ability to provide care Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

24. Financially dependent on victim Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

25. Has chronic substance abuse or alcohol problem

Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

26. Ongoing pattern of violence, abuse, neglect or exploitation

Initial (select)    Update (select)    Update (select)

Initial	
Update	
Update	

**OVERALL SAFETY ASSESSMENT**

Initial			
Counselor	Date:	Signature:	
Supervisor	Date:	Signature:	

Update			
Counselor	Date:	Signature:	
Supervisor	Date:	Signature:	

Update			
Counselor	Date:	Signature:	
Supervisor	Date:	Signature:	

**COMMENTS:**





# CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT

**APS  
1111**

Adult Protective Investigators or Human Services Counselors use this form to determine whether or not each vulnerable adult named as a victim has capacity to consent to or refuse services.

1. Investigation #: \_\_\_\_\_

2. Victim's Last Name                      First Name                      MI

### 3. ASSESSMENT CRITERIA

Is the vulnerable adult:	Yes	No	Rationale
a. Oriented to: Person  Place  Time			
b. Able to make decisions re: various facets of life			
c. Able to comprehend own mental, physical, environmental limitations			
d. Knowledgeable of resources available to assist in meeting own needs			
e. Aware of the consequences if nothing is done to improve the situation			
f. <b>OVERALL ASSESSMENT</b> Does the vulnerable adult have capacity to consent to services?			

4. Has the victim had a psychological/psychiatric evaluation?     Yes     No    (If yes, please attach)
5. Has the victim been adjudicated incapacitated?                 Yes     No    (If yes, please attach court order)
6. Was Physician or Registered Nurse consulted?                 Yes     No    (If yes, enter comments below)
- Comments: \_\_\_\_\_

7. Protective Investigator/HSC III Signature \_\_\_\_\_

8. Date Assessment Completed \_\_\_\_\_

# CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT (APS 1111)

## What This Form is For

Before services can be provided to a victim of adult abuse, neglect or exploitation, the investigator must determine if the victim has or lacks capacity to consent to or refuse services.

Capacity to consent means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether or not to accept protective services offered by the department. (s. 415.102 (3), F.S.)

This form is used by the investigator or HSCIII to document his determination of the victim's capacity to consent to services.

## When To Use This Form

**Investigator/HSC III: Complete this form upon determining that the victim is in need of services to prevent abuse, neglect or exploitation.**

## General Instructions

1. Type or print in black ink.
2. Use capital and small letters to write names, addresses and titles.
3. If you do not have room to enter all information in items on this form, add additional pages. On each additional page, enter page #, Investigation report number and victim's name in upper right corner.

## How to Complete Each Item

1. **Investigation #.** Enter Investigation report number.
2. **Victim's Name.** Enter victim's last name, first name and middle initial. Enter victim's name as in this example: for Betsy L. Smith, enter Smith, Betsy L.
3. **Assessment Criteria.** In the chart below, check yes or no for (a) through (f). Under rationale, explain how you made your determination. If you are unable to determine status of each of the 5 capabilities through observation or general conversation, the questions in the chart at the bottom of this page may be helpful.

- (a) Is the Vulnerable Adult Oriented to: Person, Place & Time** means that the victim understands who and where s/he is and can estimate or know how to find time of day, day of week, month and year.
  - (b) Able to make decisions re: various facets of life** means that the victim knows facts about his/her life and that s/he is able to use these facts to make responsible decisions.
  - (c) Able to comprehend his/her own mental, physical, environmental limitations** means the victim is able to recognize his/her mental, physical and environmental limitations and thus, his/her need for assistance in some situations.
  - (d) Knowledgeable of resources available to assist in meeting own needs** means that the victim can identify what s/he needs, knows what resources are available to meet his/her needs and knows how to access those resources.
  - (e) Aware of the consequences if nothing is done to improve the situation** means the victim understands his/her current situation puts him/her at risk for physical, mental or financial harm and that if nothing is done to protect him/her, actual harm may occur or continue.
  - (f) OVERALL ASSESSMENT:** Based on your findings in the 5 assessment capabilities, does the vulnerable adult have capacity to consent? Answer yes or no. Then give a brief statement of your rationale for your determination.
4. Answer yes or no. If yes, attach a copy of the psychiatric evaluation.
  5. Answer the question yes or no. If yes, attach a copy of the court order.
  6. Answer the question yes or no. If yes enter comments/recommendation.
  7. Sign your name in this space. Circle appropriate title.
  8. Enter date you completed the assessment.

## Suggested questions for assessing the 5 capabilities which determine Capacity To Consent.

a. Orientation to . . .	b. Able to make decisions . . .	c. Able to comprehend . . .	d. Knowledgeable of resources . . .	e. Aware of consequences . . .
1. What is your first/middle/last name? 2. Could you spell that for me please? 3. How old are you? 4. Is this your home? 5. What is your street address here? 6. Could you check your calendar and tell me what date it is? 7. Do you know what year this is?	1. Who is your doctor? 2. Do you know how to get in touch with your doctor? 3. If there is an emergency and you couldn't reach your doctor, what would you do? 4. Do you pay your own bills? 5. If you didn't have enough money to pay all of your bills, which ones would you pay?	1. Have you recently had problems with your memory, gotten lost around your house or neighborhood, felt depressed, angry, nervous or anxious 2. Your wheelchair won't fit through the doors in your home, what will you do? 3. All the food in your refrigerator is spoiled, what will you eat?	1. What are your greatest problems? What would solve those problems? 2. I see you have a doctor's appointment and your daughter/son is out of town. How will you get to your doctor? 3. If you found that your checkbook was missing what would you do?	1. You can't get out of bed without help. What will happen if there is a fire? 2. You won't allow anyone to change your soiled sheets. What will happen if your surgical wound becomes infected? 3. It's clear your housekeeper has been writing checks on your account. What will happen if she uses all your money?

**NOTE::** These questions are not all inclusive and the investigator may have other questions that need to be answered by the vulnerable adult. The investigator may also need to obtain information from other sources in order to complete the Capacity To Consent To or Refuse Services Assessment.



# PROVISION OF VOLUNTARY ADULT PROTECTIVE SERVICES

Client Name: \_\_\_\_\_

FSFN #: \_\_\_\_\_

I, \_\_\_\_\_, am a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand my needs, my living conditions, and my personal circumstances.

**OR**

I, \_\_\_\_\_, am the caregiver/guardian of a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand his/her needs, living conditions, and personal circumstances.

Therefore, I am:

Requesting and specifically consenting to the Department of Children and Families providing and/or arranging for the provision of protective services;

Refusing the assistance of, or any intervention by, the Department of Children and Families and hereby specifically refuse to consent to the provision of protective services.

I have read and understand this form. This the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

I am unable to read and this form has been read and explained to me prior to signature. This is the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Client's Signature or Mark

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Caregiver's/Guardian's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness