

Aging and People with Disabilities

Ashley Carson Cottingham

Authorized signature

Number: APD-IM-15-091

Issue date: 11/10/2015

Topic: Other

Subject: Adult Protective Services & Gatekeeper Protocol

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

As a result of work started within the ADRC Narrative & APS group lead by State Unit on Aging staff two documents were developed and vetted with APD District Managers and staff; OAAPI staff and AAA staff. The documents were developed to provide clarity surrounding referrals to APS when calls are received by local ADRCs that may indicate consumers may be at risk or potential victims of abuse. Any calls received and identified as reported by a Gatekeeper shall be entered into the RTZ database and identified as such. The tracking of Gatekeeper calls will provide data for future funding requests.

The documents attached to this IM include a protocol outlining Adult Protective Service referrals and an APS Partner template to facilitate discussions between all ADRC partners regarding the APS referral process. The template may be modified in any manner to meet each local ADRC area needs that will ensure APS referrals are timely and appropriate to protect consumers.

Use of the protocol and template is highly encouraged to assure consistency of referrals to APS and recording of Gatekeeper calls.

If you have any questions about this information, contact:

Contact(s):	Kristi Murphy, Sarah Hout, Angela Munkers		
Phone:		Fax:	

Email:	kristi.m.murphy@state.or.us ; sarah.d.hout@state.or.us ; angela.p.munkers@state.or.us		
---------------	---	--	--

Protocol for Adult Protective Service Referral

All ADRC staff are responsible for reporting situations where seniors or people with disabilities are identified to be at-risk or are potential victims of abuse (abandonment, financial exploitation, neglect, physical abuse, verbal/mental abuse, wrongful restraint, involuntary seclusion, self-neglect, sexual abuse). Referrals should be made to the Adult Protective Services (APS) screening specialists (either through the SAFE line (statewide abuse reporting line), or directly to local APS offices). If the call is from a gatekeeper, staff shall enter the call and specify it as such under caller type in the RTZ call module (see gatekeeper procedure for recording a gatekeeper call under the HELP link in RTZ).

When an APS Call is received via the ADRC (type A or type B):

1. In situations involving “imminent danger,” and/or threat of harm, in which there is reasonable cause to believe a person’s life or physical well-being is in danger if no intervention is initiated immediately, contact appropriate law enforcement and Adult Protective Services. Do not delay obtaining immediate assistance.
2. **Callers** that identify themselves should be assured that their identity will be kept confidential to the extent that the law allows. When a caller asks to be anonymous, the staff taking the information will need to get information necessary to refer to APS via APS Referral Form.
3. Callers should be informed that they will be contacted by the Adult Protective Services screening specialists for a more in-depth follow-up. Any special arrangements that need to be made can be noted in the details section of the APS referral form.
4. Once the APS Referral Form is completed, referrals must immediately be transferred by phone, email or hand delivery to the Adult Protective Service screening specialists. This process will be followed by all Information and Assistance and Options Counseling staff.
5. If after reviewing the information, the APS screener does not believe the referral rises to the level of an APS investigation, a process shall be in place for redirecting those referrals back to I&A/OC staff who will ensure that the consumers is contacted for other services.

This is a TEMPLATE ONLY and should be used to facilitate discussion between all ADRC partners regarding the APS referral process.

AGING & DISABILITY RESOURCE CONNECTION AND ADULT PROTECTIVE SERVICES UNIT

This Memorandum of Understanding (MOU) is entered into in order to specify and coordinate efforts between the [*Name of the Aging & Disability Resource Connection (ADRC)*], and [*Name of APD local office, Adult Protective Services (APS)*] to ensure efficient and timely response, and cross communication regarding Adult Protective Services for the protection of vulnerable adults. The agreements within this Protocol must be in compliance with the ADRC/APS protocol.

DEFINITIONS

Adult Protective Services (APS) Specialists conduct abuse and neglect investigations and provide protective services to older adults, age 65 and older; adults with physical disabilities; and residents of Aging and People with Disabilities (APD) licensed or certified settings. The types of abuse and neglect investigated are abandonment, financial exploitation, neglect, physical abuse, verbal emotional abuse, wrongful restraint, involuntary seclusion, and sexual abuse. APS also responds to calls about self-neglect.

Aging & Disability Resource Connection (ADRC) is the first contact for information and referral for individuals interested in benefits, supports or services available to support older adults, individuals with physical or developmental disabilities their families, and caregivers. Oregon is divided into nine regional ADRC districts that refer the public to the local APD branch offices, or other DHS/OHA programs and community resources.

APD means the Aging and People with Disabilities program within the Department of Human Services.

Type B Area Agency on Aging (AAA) is a local government entity that contracts with APD to administer APD services and programs including APS.

Complainant is used by APS to mean the individual who reports abuse, neglect, or

self-neglect. ADRC commonly uses the terms: consumer, caller, or reporter for individuals who contact the ADRC for information, services or benefits. For the purposes of this Protocol, complainant means an individual that contacts ADRC to report abuse, neglect, and self-neglect or is being referred to APS screening for any other APS-related reason.

Note: ADRC is part of the APD system of routing referrals; in this capacity, ADRC staff are not complainants in APS reports and are therefore not eligible to receive the information permitted to the complainant from APS;

Consumer means individuals that are served by DHS/OHA and includes, but is not limited to services, supports, public benefits, and information and referral.

Referral means the transfer of a request for information or services from ADRC to the appropriate referral source, such as APS.

Reported Perpetrator means the individual who is alleged to have committed abuse and neglect against an older adult or a person with physical disabilities.

Reported Victim means the older adult or a person with physical disabilities who is reported to have been abused or neglected by someone, or for self-neglect.

ROLES

AGING & DISABILITY RESOURCE CONNECTION (ADRC)

ADRC [*staff, The Options Counselors*] will:

1. Immediately refer all calls or contacts involving the possibility of abuse or neglect to Adult Protective Services (APS) for screening. This includes calls also referred elsewhere such as 911 or law enforcement.

[Programs detail their agreements of:

- a. How to communicate about and transfer complaint information, i.e. by IM, phone, fax or hand delivery to the Protective Service screening, and*
- b. Who and what to include in communication, i.e. provide complainant, RV, RP, safety information].*

2. Inform the complainant that an APS referral is being made; elicit basic information from the complainant; and fill out the APS referral form as completely as information is available from the complainant.

Programs detail their agreements of:

- a. Providing the APS screening telephone number so complainant can call APS directly if so desired by complainant*
 - b. How soon one can expect APS to get back to them,*
 - c. How to reassure hesitant or confused complainants, and*
 - d. Informing complainants that their APS complaints are confidential, and may for the most part be anonymous,*
3. **Transfer all APS calls *immediately [time frame] after completing the referral* form to the best of their ability. Assume all calls alleging APS have immediate response time frames so referral to APS is made immediately after basic information is gathered from caller**

Programs detail their agreements of how to:

- a. Train ADRC staff in response time mandates*
 - b. Train ADRC staff in what information is needed for a referral*
 - c. Differentiate between imminent and serious allegations so that 911 is called before APS referral*
4. Narrate and maintain ADRC records to maintain APS confidentiality.

[Detail narration standards where ADRC can maintain a meaningful record of a call and also maintain APS confidentiality such as use of codes. Define how much can be narrated such as “APS referral made this date”.]

5. Refer the complainant or any other individuals back to APS screening, if ADRC is contacted about an APS matter (i.e. investigation status, more to report) after referring a complaint to APS.
6. On occasion the public calls with complaints about APS matters, identify who to refer complaints about the APS program.

LOCAL OFFICE APS SCREENERS

The APS screener will:

- Accept Adult Protective Service (APS) referrals from ADRC or any person or entity referred by ADRC.
 - *[Detail the agreement from the APS perspective of how to transfer complaint information, i.e. by phone, fax or hand delivery to the Protective Service screening staff. May define how that communication or hand-off will happen between ADRC and APS screening.]*
- Share an APS number or identifier with ADRC staff, so ADRC staff can call back to obtain allowed information (as determined by APSS) on the call, refer call backs to APS, and track data for ARDC needs.
 - *[Detail agreement on how ADRC can communicate back about a referral and APS can find that referral for ADRC].*
- Inform the complainant if the referral to APS was screened in, screened out, or referred elsewhere.
 - *[Detail or clarify who will tell the complainant their complaint will not be screened in by APS]*
- If after reviewing the information, the APS screener determines that the referral does not meet APS criteria, then transfer the call back to an ARDC Options Counselors to offer support services when permitted by reported victim or other contact
 - *[Detail a process to communicate back about calls that APS cannot assist, so to assure that the consumers is contacted by an Options Counselor]*
- APS worker will work to see that needs are being met for the victim by asking the reported victim's permission to contact ADRC options counselors for further assistance – during and after the investigation as appropriate

MAINTAINING APS CONFIDENTIALITY

1. ADRC and APS personnel, regardless of working in a State office, an AAA A or a transfer B office, shall verbally share necessary (as determined by APS) caller and consumer information, including personal health information (HIPAA) in order to cross-refer cases. The disclosure of caller and consumer information must be kept minimally necessary for referral, screening and services.
2. Any documentation or narration about confidential and protected APS information must follow DHS, APD, and APS privacy rules and policy. ADRC and APS documentation have different levels of privacy protection. Similar to Child Protective Services, APS confidentiality is more restrictive than DHS confidentiality; therefore APS determines what information can flow from APS to ADRC. If confidentiality protocols meet APS standards, they generally meet ADRC standards.
3. APS complainants are particularly protected and confidential under law. Complainants may be:
 - a. Confidential meaning that the name identity of any complainant may not be disclosed to anyone without the permission of the complainant, by court-order, and under law. Thus, confidentiality is highly protected, but is not absolute; or
 - b. Anonymous meaning that the complainant does not give the APS screener her or his name and identity. Once the caller identifies him or herself, then the call cannot be anonymous.

