

MEMORANDUM OF AGREEMENT  
BETWEEN  
THE DEPARTMENT OF CHILDREN AND FAMILIES  
And  
THE DEPARTMENT OF ELDER AFFAIRS

This Memorandum of Agreement, made this \_\_\_\_\_ day of \_\_\_\_\_, 2005, shall be in effect indefinitely between the Department of Children and Families (DCF) and the Department of Elder Affairs (DOEA). The purpose of this agreement is to ensure the timely delivery of services to vulnerable elders.

**A. Objectives**

1. To maintain a climate of cooperation between departments in order to achieve equitable delivery of services to vulnerable elder Floridians in need of services or victims of abuse, neglect, or exploitation.
2. To promote services and activities designed to protect vulnerable elders and prevent premature institutionalization, pursuant to Chapters 415 and 430, Florida Statutes.
3. To participate together by means of shared information in tracking delivery of services to victims of abuse, neglect, exploitation, or vulnerable elders in need of services.

**B. Procedures**

1. Each Planning and Service Area's Aging and Disability Resource Center (ADRC)/Aging Resource Center (ARC)/Area Agency on Aging (AAA) determines which agency(ies) will be the intake entity(ies) for DCF's Adult Protective Services (APS) referrals in each county in their Planning and Service Area. All APS referrals in need of home and community-based services will be sent to the appropriate intake entity in the county in which the APS referral resides.

2. If the person who is the subject of the APS referral needs immediate protection from further harm, the referral will be designated as "high-risk" and will be staffed by APS and the ADRC/ARC/AAA designated Community Care for the Elderly (CCE) case management agency (hereinafter referred to as the CCE Lead Agency) to determine the need for specific services to avert a crisis or stabilize the situation. Such services will be time limited and must be designed to abate the emergency or crisis situation that places the person at risk of further harm. The CCE Lead Agency must initiate the emergency or crisis resolving service(s) within 72 hours of referral. This includes services recommended by APS, but not currently provided. Case management alone does not meet this requirement. For consumers who are currently receiving DOEA funded services, and who are referred by APS, the 72-hour time frame includes not only those existing services, but also any additional emergency or crisis resolving service(s) requested by APS. The provision of services shall not exceed 30 days unless APS and the CCE Lead Agency jointly agree the emergency or crisis still exists, and that continuation of the services are necessary to stabilize the person's situation. APS staff must advise consumers upon referral that services will be time-limited up to 30 days. Upon receipt of the referral, the CCE Lead Agency must reiterate to the consumer that services are limited to 30 days.
3. When the vulnerable adult is no longer in danger of harm as determined jointly through an APS and CCE Lead Agency staffing, he or she may apply for DOEA-funded services based on DOEA guidelines. The provision of these services will be based on DOEA prioritization criteria.
4. Emergency or crisis resolving services should be started as requested by the APS Protective Investigator's recommendations. If at any time during the process there are any disagreements between the APS Protective Investigator and the CCE Lead Agency regarding services to be provided, the APS Protective Investigator Supervisor and a Case Manager Supervisor at the CCE

Lead Agency will jointly review the case to resolve the issues. If the issue(s) cannot be resolved at this level, the case will be referred to the ADRC/ARC/AAA and the DCF district office for final resolution.

5. All APS referrals made during business hours will be entered into the APS Referral Tracking Tool (ARTT) the day the referral to the intake entity is made.
6. Within three hours of entering the referral into the ARTT, a referral packet will be sent via fax or hand delivered to the intake entity. A referral packet will include the following:
  - DCF Form 1099 printed from the ARTT, if the ARTT is available at the time of referral,
  - Capacity to Consent Assessment,
  - Adult Safety Assessment of Safety Factors, and
  - Adult Safety Assessment of Overall Safety, and
  - Court Order, if services were court ordered.
7. Only an APS Protective Investigator with the approval of an APS Protective Investigator Supervisor, or APS Protective Investigator Supervisor can initiate APS referrals.
8. APS “high-risk” referrals made after business hours require a telephone call to the intake entity. The following referral information must be provided: name, social security number, address, service assessment, risk factors (such as environmental concerns), and type of report. The referral will be entered into the ARTT within the first three hours of business the following day. Within three hours of entering the referral into the ARTT, a referral packet will be sent via fax or hand delivered to the intake entity (see #6 above for packet contents).

9. Only referrals for clients age 60 and older will be sent to the intake entity and entered into the ARTT.
10. The intake entity will confirm receipt of a faxed referral by contacting the DCF office via telephone or email.
11. APS referrals for home and community-based services are not limited to Community Care for Elderly or Home Care for the Elderly services, and may include non-DOEA funded services coordinated by the CCE Lead Agency.
12. If the ARTT is not available at the time of referral, a DCF Form 1099 will be manually completed. When the ARTT becomes available, the referral will be entered into the ARTT.
13. An APS referral initially sent to APS Protective Supervision that is later referred to the intake entity will be entered into the ARTT.
14. 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.
15. Only APS referrals for victims of abuse, neglect, exploitation and vulnerable adults as identified by APS staff will be put into the ARTT.
16. All clients, regardless of risk level (i.e., high, intermediate, or low), will be entered into the ARTT.
17. 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.

18. The intake entity must acknowledge receipt of the APS referral in the ARTT the same day the referral packet is received.
19. The CCE Lead Agency will enter the case status in the “Action Taken by Provider” field (#30) and/or the “Staffing or Additional Comments” field (#31) in the ARTT, along with the “Service Provider’s Signature” (#36) and the “Schedule Staffing Date” (#37). This information must be entered into the ARTT within 72 hours from the time the referral packet is received for “high-risk” referrals and within ten business days for “intermediate” and “low” risk referrals.
20. The intake entity will work together with APS staff to identify and maintain, in accordance with law, accurate social security numbers should the two agencies have different social security numbers for the same individual.
21. A 701B comprehensive assessment must be completed within 72 hours for “high-risk” referrals and in accordance with Department of Elder Affairs policy for “intermediate” and “low” risk referrals.
22. CCE co-payments for services will be waived for APS referrals during the first 30 days of service or until the vulnerable crisis situation has stabilized.
23. If the consumer refuses to be assessed or there is a delay in service provision for reasons beyond the control of service providers, the CCE Lead Agency will contact the APS investigator to discuss the situation and determine the next best course of action. If the referral is a “high-risk” referral, APS must be contacted within 24 hours.

---

Signature

---

Title

---

Department of Children & Families

---

Date

---

Signature

---

Title

---

Department of Elder Affairs

---

Date