

MODEL
AGING AND DISABILITY RESOURCE CENTER/ AGING RESOURCE
CENTER /AREA AGENCY ON AGING

And

THE DEPARTMENT OF CHILDREN AND FAMILIES

And

COMMUNITY CARE FOR THE ELDERLY CASE MANAGEMENT
AGENCY

MEMORANDUM OF UNDERSTANDING FOR APS REFERRALS

This Memorandum of Understanding, made this _____ day of _____, 2005, shall be in effect indefinitely between _____, the Aging and Disability Resource Center/Aging Resource Center/Area Agency on Aging for Planning and Service Area ____; _____, the Community Care for the Elderly case management agency; and the Department of Children and Families for referrals made in _____ county.

Objectives

1. To maintain a climate of cooperation between agencies 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.
4. To provide technical assistance and consultation to each other on matters pertaining to actual service delivery and to share appropriate assessment information and care plans.

Definition of Terms

- "**Abuse**," as defined in s. 415.102 (1) F.S., means any willful act or threatened act by a caregiver that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.
- "**Neglect**," as defined in s. 415.102 (15) F.S., means the failure or omission on the part of the caregiver 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, that a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver 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.
- "**Exploitation**," as defined in s. 415.102 (7) 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 moneys 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.
- **"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.
 - **"Further Harm"** is when a vulnerable adult is expected to suffer ill effects from additional or continued maltreatment(s) of neglect without the provision of services. The potential for further harm will be inferred by the closure of a report as a "vulnerable adult in need of services"; or the closure of a second party report with one or more maltreatment findings of "Some Indicators" or "Verified" 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 neglect.

- **“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 Department of Children and Families to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.
- **“Intake Entity”** is the agency to which DCF sends DCF’s Adult Protective Services (APS) referrals. There may be more than one intake entity in a county. Each Planning and Service Area’s Aging and Disability Resource Center/Aging Resource Center/Area Agency on Aging (ADRC/ARC/AAA) determines which agency(ies) will be the intake entity(ies) for APS referrals in each county in their Planning and Service Area. ADRCs/ARCs/AAAs acting as the intake entity are responsible for notifying and transferring the appropriate documentation to the ADRC/ARC/AAA designated Community Care for the Elderly (CCE) case management agency (hereinafter referred to as the CCE Lead Agency) when services are needed.

Identify the intake entity(ies) below.

All APS referrals, regardless of risk level will be sent to the following agency:

- ADRC/ARC/AAA CCE Lead Agency

_____ OR _____

All “high” risk APS referrals will be sent to the following agency:

- ADRC/ARC/AAA CCE Lead Agency

All “intermediate” risk APS referrals will be sent to the following agency:

- ADRC/ARC/AAA CCE Lead Agency

All “low” risk APS referrals will be sent to the following agency:

- ADRC/ARC/AAA CCE Lead Agency

Under this Memorandum of Understanding, the ADRC/ARC/AAA, CCE Lead Agency, and Department of Children and Families agree to the following:

1. Each Planning and Service Area's ADRC/ARC/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 clearly communicate 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 begin 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. Email messages must only refer to the abuse report number and must not include the name or social security number of the referral.
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 APS referrals, 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 adult’s crisis situation has stabilized.
23. The following information will be entered in the Client Information and Registration Tracking System (CIRTS) for all APS referrals:
 - Assessment information; must include the referral date, referral source set to Abuse/Neglect, and risk level (high, intermediate, low),
 - Enrollment information,
 - Care plan information, and
 - Units of service provided.
24. APS “high-risk” referrals must have the following information entered in CIRTS:
 - Units of service for case management and core type services are entered using the date specific method for the first month. This includes Older Americans

Act services that may normally be reported in aggregate. After the initial month, CCE Lead Agencies may return to entering aggregate units.

- For current consumers referred by Adult Protective Services and determined “high-risk,” the date of service delivery and units of service are entered as if the client were a new “high-risk” referral, i.e., date specific.
- Informal services arranged by the case manager, i.e., churches, neighbors, or other community resources, are entered in CIRTS on the Services Received Screen for the month the service is provided. The code is Non-Department of Elder Affairs Programs (NDP). The service is listed as "Other" and the unit is one episode with no unit cost. Specific information about the informal service(s) should be contained in the file on the hard copy of the care plan.

25. If the person who is the subject of the APS referral 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 do the following:

- 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.
- Create an entry in the Received Services screen in CIRTS with Case Management as the Service with the appropriate date and units if case management services were provided.
- “High-risk” referrals require an additional entry in the CIRTS Received Services screen identifying the reason for the delay in service provision. The Program is set to “NDP” and one of the following codes is listed as the Service:
 - PLHS - Placed in hospital
 - PLNH - Placed in nursing home
 - PLAF - Placed in ALF
 - PLFM - Placed with family
 - CLRF - Consumer refused

- o CLDC - Consumer deceased

The number of units should be set to “0” and the unit type set to EPS.

26. The ADRC/ARC/AAA will run CIRT reports monthly to compare referral dates with services received dates to ensure compliance with the 72-hour statute.

Signature

Title

Printed Name

ADRC/ARC/AAA

Date

Signature

Title

Printed Name

Department of Children and Families

Date

Signature

Title

Printed Name

CCE Lead Agency

Date