



# Adult Protective Services Referrals Operations Manual

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

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## **Appropriate Referrals**

1. Only an adult protective investigator supervisor or an adult protective investigator with the approval of an adult protective investigator supervisor can initiate APS referrals.
2. Each Adult Protective Services (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. Only APS referrals for individuals age 60 and older will be sent to intake entities and entered into the Adult Protective Services Referral Tracking Tool (ARTT).
4. 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.
5. 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 Community Care for the Elderly (CCE) Services. The CCE Lead Agency may elect to coordinate needed services using other programs, such as Home Care for the Elderly (HCE) and non-Department-of-Elder-Affairs-funded services with the Area Agency on Aging's approval. Adult Protective Services referrals not in need of immediate services to prevent further harm will be prioritized for services in accordance with the Department of Elder Affairs (DOEA) prioritization criteria. The provision of services will be based on the need for services as determined by the assessment priority score.
6. An APS referral initially sent to Adult Protective Supervision by an adult protective investigator that is later referred to the intake entity will be entered into the ARTT.

## High Risk Referrals

7. 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 "**high-risk.**" 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.

8. Adult Protective Services staff must fax or hand-deliver referral packets for **high-risk** referrals to the intake entity within 3 hours of entering the referral into the Adult Protective Services Referral Tracking Tool (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.

9. 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 3 hours of business on the next business day. Within 3 hours of entering the referral into the ARTT, a referral packet will be faxed or hand-delivered to the intake entity (see #23 for packet contents).
  
10. Before services are terminated after 31 days, the client will be seen face-to-face by a Lead Agency case manager. If the CCE Lead Agency determines 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 do not agree that services can safely be terminated, the Lead Agency case manager will assess the client's needs, and the assessment will be entered in the Client Information and Registration Tracking System (CIRTS). Refer to #38 if both parties continue to disagree about the client's need for additional services after an assessment is conducted.

If both parties agree that crisis-resolving services can safely be terminated, the client may be put on a waitlist for additional services, if appropriate. An "Update" assessment will be created (based on the latest assessment) in CIRTS, and the referral source will be set to "Other." 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. (An "Update" assessment is created by selecting the "Update Assessment" button in CIRTS, which makes a copy of the assessment.)

If the client does not want to be put on a waitlist for services, the case manager does not need to modify the assessment and the assessment's referral source field does not need to be updated.

11. If at any time the client refuses services, the client's case with Adult Protective Services 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).

### **Adult Protective Services Referral Tracking Tool (ARTT) Entries**

12. 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. (Note: victims of self-neglect were previously referred to as "vulnerable adults in need of services.")
13. All Adult Protective Services referrals made during business hours will be entered into the ARTT on the same day the referral is made.
14. If the ARTT is not available at the time of referral, an Adult Protective Services 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.
15. All APS referrals, regardless of risk level (i.e., high, intermediate, or low), will be entered into the ARTT.
16. 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.
17. 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.

18. 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.
19. 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

**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.

20. The intake entity will work with Adult Protective Services 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. If a client's Social Security number is not known, a pseudo Social Security number 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 Social Security number has been made.

### **Referral Packets**

22. Referral packets for **high-risk** referrals must be faxed or hand-delivered to the intake entity within 3 hours of entering the referral into the ARTT and within 24 hours for **intermediate** and **low-risk** referrals. If circumstances prevent Adult Protective Services from completing the safety assessment within 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.
23. Each referral packet will include the following:
  - Referral Form (printed from the ARTT if the ARTT is available at the time of referral);
  - Adult Safety Assessment;
  - Capacity to Consent Assessment;
  - Provision of Voluntary Adult Protective Services 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**

24. If it is determined by the adult 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.
25. If it is determined that a referral sent to the aging network through the ARTT should not have been sent, the adult 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.
26. 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 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 Adult Protective Services.A referral must not be rejected due to the fact that the individual was receiving services at the time of referral.
27. 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 Adult Protective Services and notify them that the referral was not accepted and the reason(s) why. Adult Protective Services must update the ARTT referral with the appropriate address and county and hand-deliver or fax the referral packet to the appropriate intake entity. Adult Protective Services must also call the appropriate intake entity to inform them of the new referral.

## Accepting/Receiving Referrals

28. The intake entity must acknowledge receipt of all Adult Protective Services 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 #19).
29. The intake entity will confirm receipt of a faxed referral packet by contacting the Department of Children and Families 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 Social Security number of the referral.
30. 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 Adult Protective Services is received. A 701A or a 701B must be completed within 14 calendar days for **intermediate** and **low-risk** referrals.
31. 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.

## Client Information and Registration Tracking System (CIRTS) Entries

32. The following information will be entered in the Client Information and Registration Tracking System (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 Adult Protective Services (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 #33 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.

33. 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 are 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-Department of Elder Affairs Program” (NDP), the number of units to “1,” the unit type to “Episode” (EPS), and the unit cost to “0.”
- For current clients referred by Adult Protective Services and determined **high-risk** by Adult Protective Services, 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**

34. Within 31 days of receipt of a **high-risk** referral, if the person being referred refuses to be assessed, refuses one or more of the services needed to resolve the crisis, or 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 if during business hours or the next business day to discuss the situation and determine the next best course of action;
  - Create a “Demographic” type assessment 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 “Non-Department of Elder Affairs Program” (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 and the unit type to “Episode” (EPS);

- 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**

35. A copy of all referral packets will be kept in the case files.
36. 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 the Department of Elder Affairs.
  - Specific services provided and the frequency at which they were provided during the 31 days following the referral. This includes services not funded by the Department of Elder Affairs.
  - All contact and discussions with Adult Protective Services staff.
  - All contact and discussions with Nursing Home Diversion providers.
  - Specific dates the follow-ups are performed. At a minimum, follow-up within 14 calendar days to ensure 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 why, when services began, and which services were provided.

### **Referrals for Nursing Home Diversion Clients**

37. For all vulnerable adults enrolled in the Nursing Home Diversion Waiver at the time of referral, the AAA or CCE Lead Agency must contact the Nursing Home Diversion provider as recorded in CIRTS within two 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 to protect client confidentiality. 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 Nursing Home Diversion Waiver provider, the CCE Lead Agency must ensure, using written and/or verbal information provided by the Department of Children and Families, that the Nursing Home Diversion Waiver provider or their sub-contractor(s) are 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 referral by the intake entity) must be obtained from the Nursing Home Diversion provider. If the Nursing Home Diversion 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 Nursing Home Diversion provider or the crisis is resolved. The cost of the crisis-resolving services provided by the CCE Lead Agency while awaiting assurance outside of the allowable delay will be reimbursed by the Nursing Home Diversion provider.

The CCE Lead Agency will neither serve nor assess Nursing Home Diversion clients who are referred to Nursing Home Diversion providers. However, for client tracking purposes, the CCE Lead Agency will create a “Demographic” type assessment in CIRTS that requires only minimal demographic information. In addition, for referrals of Nursing Home Diversion clients not served by the CCE Lead Agency, two service entries must be entered 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 Nursing Home Diversion 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 Nursing Home Diversion provider.

The CCE Lead Agency is responsible for notifying the ADRC/ARC/AAA of the status of each Nursing Home Diversion referral. The ADRC/ARC/AAA must then relay this information via email to the Nursing Home Diversion Waiver contract manager at the Department of Elder Affairs.

### **Miscellaneous**

38. If at any time during the process there are any disagreements between the Adult Protective Services protective investigator and the CCE Lead Agency regarding services to be provided, the Adult Protective Services 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 this level, the case will be referred to the AAA and the Department of Children and Families Operations Program Administrator/Program Operations Administrator. If the issue cannot be resolved at this level, 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 the Department of Children and Families.
- "**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 Department of Children and Families' 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.
- "**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 the Department of Children and Families sends Adult Protective Services 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 Adult Protective

Services 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 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 Department of Children and Families 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(es) 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, the Department of Children and Families 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