**Intake**

## **Legal Authority**

Wisconsin State Statutes §55.001, 55.01, & 46.90

## **Purpose**

The purpose of intake is to manage information regarding reports alleging abuse/neglect or risk of abuse/neglect of Adults-at-Risk who are unable to protect themselves; to determine whether the information reported is within the scope of services provided by Adult Protective Services (APS).

**Ten Principles of Adult Protective Services**

**1.  FREEDOM OVER SAFETY:**  The client has a right to choose to live at risk of harm, providing s/he is capable of making that choice, harms no one and commits no crime.

**2.  SELF DETERMINATION:**  The client has a right to personal choices and decisions until such time as s/he delegates or the court grants the responsibility to someone else.

**3.  PARTICIPATE IN DECISION-MAKING:**  The client has a right to receive information to make informed decisions and to participate in all decision-making affecting his/her circumstances to the extent that s/he is able.

**4.  LEAST RESTRICTIVE ALTERNATIVE:**  The client has a right to service alternatives that maximize choice and minimize lifestyle disruption.

**5.  PRIMACY OF THE ADULT:**  The worker has a responsibility to serve the client - not the community concerned about safety, or the landlord concerned about crime or the family concerned about finances.

**6.  CONFIDENTIALITY:**  The client has a right to privacy and secrecy.

**7.  BENEFIT OF THE DOUBT:**  If there is evidence that the client is making a reasoned choice, the worker has a responsibility to see that the benefit of the doubt is in the client's favor.

**8. DO NO HARM:**  The worker has a responsibility to take no action that places the client at greater risk.

**9.  AVOIDANCE OF BLAME:**  The worker has a responsibility to understand the origins of any maltreatment and commit no action which will antagonize the perpetrator and so reduce the chances of terminating the maltreatment.

**10.  MAINTENANCE OF FAMILY:**  The worker has a responsibility to deal with the maltreatment as a family problem, if the perpetrator is a family member, and give the family the necessary services to resolve the problem.

# **Establishing APS Involvement**

## **Definitions**

###  1. The two categories for Adults-at-Risk are:

“Elder adult at risk" means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. §46.90(1)(br)

“Adult at risk" means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. §55.01(1e)

###  2. The definitions of abuse and neglect are:

“Physical abuse" means the intentional or reckless infliction of bodily harm. §46.90(1)(fg)

“Self-neglect" means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care. §46.90(1)(g)

“Sexual abuse" means a violation of s. §[940.225 (1)](https://docs.legis.wisconsin.gov/document/statutes/940.225%281%29), [(2)](https://docs.legis.wisconsin.gov/document/statutes/940.225%282%29), [(3)](https://docs.legis.wisconsin.gov/document/statutes/940.225%283%29), or [(3m)](https://docs.legis.wisconsin.gov/document/statutes/940.225%283m%29) (criminal sexual assault law) §46.90(1)(gd).

“Neglect" means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. “Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. §[154](https://docs.legis.wisconsin.gov/document/statutes/ch.%20154), a power of attorney for health care under ch. §[155](https://docs.legis.wisconsin.gov/document/statutes/ch.%20155), or as otherwise authorized by law. §46.90(1)(f)

“Emotional abuse" means language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed. §46.90(1)(cm)

“Financial exploitation" means any of the following:

1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent

2. Theft, as prohibited in s. §[943.20](https://docs.legis.wisconsin.gov/document/statutes/943.20).

3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities.

4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in s. §[943.201](https://docs.legis.wisconsin.gov/document/statutes/943.201).

5. Unauthorized use of an entity's identifying information or documents, as prohibited in s. §[943.203](https://docs.legis.wisconsin.gov/document/statutes/943.203).

6. Forgery, as prohibited in s. §[943.38](https://docs.legis.wisconsin.gov/document/statutes/943.38).

7. Financial transaction card crimes, as prohibited in s. §[943.41](https://docs.legis.wisconsin.gov/document/statutes/943.41). 46.90(1)(ed)1.

“Treatment without consent" means the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance. §46.90(1)(h)

“Unreasonable confinement or restraint" includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint. §46.90(1)(i)

### **3. The definitions of those who may be in need of protective services or placement:**

Declaration of policy. The legislature recognizes that many citizens of the state, because of serious and persistent mental illness, degenerative brain disorder, developmental disabilities, or other like incapacities, are in need of protective services or protective placement. §55.001

“Serious and persistent mental illness" means a mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support, and that may be of lifelong duration. “Serious and persistent mental illness" includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include degenerative brain disorder or a primary diagnosis of a developmental disability or of alcohol or drug dependence. §55.01(6v)

“Degenerative brain disorder" means the loss or dysfunction of brain cells to the extent that the individual is substantially impaired in his or her ability to provide adequately for his or her own care or custody or to manage adequately his or her property or financial affairs. §55.01(1v)

“Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism or another neurological condition closely related to an intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability, which has continued or can be expected to continue indefinitely, substantially impairs an individual from adequately providing for his or her own care or custody, and 5. constitutes a substantial handicap to the afflicted individual. The term does not include dementia that is primarily caused by degenerative brain disorder. §55.01(2)

“Other like incapacities" means those conditions incurred at any age which are the result of accident, organic brain damage, mental or physical disability or continued consumption or absorption of substances, producing a condition which substantially impairs an individual from adequately providing for his or her care or custody. §55.01(5)

# **APS Scope of services / Qualifications:**

## **1. Adult at Risk Reports:**

* The adult-at-risk is 18 years old or older.
* The adult-at-risk is a resident or physically present in the county jurisdiction.
* The adult-at-risk is believed to be either over 60 years old or is believed to have impairments: (Degenerative Brain Disorder, Developmental Disability, Serious and Persistent Mental Illness or other like Incapacities).
* The report alleges that either abuse or neglect ~~as defined in #2~~(Self-Neglect, Neglect, Physical Abuse, Sexual Abuse, Emotional Abuse, Financial Exploitation, or Treatment without consent) is occurring or will likely occur.
* The impairment prevents the adult-at-risk from protecting themselves from the alleged abuse or neglect.
* The adult-at-risk may be in need of emergent protection or placement.

##   **2. Consultations:**

* Are requests for information related to adults-at-risk.
* May or may not meet the above report criteria.
* Do not involve making other calls to better understand the situation.
* Can come from individuals or professionals.
* Can be requests for information not related to an adult-at-risk.
* Can be related to a specific adult-at-risk. These consultations can include:

## Information on resources available

## Suggestions on how to approach a situation

* + Ideas on ways of mitigating risk
	+ Information about potential legal avenues as related to APS
	+ Historical information regarding an adult-at-risk

##  **3. Non-emergent requests for guardianship criteria:**

* + - The referent is 17 years old and nine months or older.
		- The impairment is permanent or likely to be permanent.
		- Without the guardianship, the referent is likely to suffer abuse or neglect.
		- Other means of risk reduction have been tried and failed or no other means exist.
		- The referent is alleged to have an impairment related to:
			* Degenerative Brain Disorder
			* Developmental disabilities
			* Serious and Persistent Mental Illness
			* Other like incapacities
		- No advance directives exist or the advance directives are not able to be used. Reasons for this may include:
			* The DPOA-HC agent and any listed standby are unwilling or unable to act or is acting in a way that is placing the principle at risk.
			* The DPOA-HC document does not contain the language needed or does not grant the authority necessary to meet the principal’s needs.
				+ Including but not limited to not allowing for placement in a CBRF or Nursing Home Facility which *could* result in the need for a guardian of person to be appointed and a protective placement order.
			* Other advance planning/substituted decision making tools are not sufficient or are no longer appropriate to meet the need or provide the needed protection: Representative Payee, Supported Decision Maker, Conservatorship; and DPOA’s.
			* Petitioners may be referred to seek private counsel based on each county’s financial criteria or if referent does not meet the criteria of abuse, neglect or other circumstances leading to the involvement of a public agency.

##  **4. Non-emergent requests for protective placement criteria:**

* The referent is under guardianship or is eligible for guardianship as listed above.
* The referent is to be or has been placed in a facility with more than 16 beds for a period of time exceeding 60 days.
* The referent is under guardianship or is eligible for guardianship as listed above and is not agreeable or willing to go to the level of placement that is assessed as necessary to meet their needs in the least restrictive and safest manner.

**Taking the Report**

Each county has their own system of intake personnel. The following are minimum guidelines for the intake workers.

##  **Triaging the report**

* Reports involving imminent risks to life and limb, law enforcement will be contacted - via 911 or non-emergency number dependent on type of call.
* Reports of urgent nature should be acted upon immediately. The referral should be given directly to APS or supervisor to be followed up by APS investigator.
* Urgent reports includ~~e~~ but are not limited to:
	+ Essential services are imminently ending for Adult-At-Risk.
	+ Law enforcement or first responder requesting assistance.
	+ Caregiver crisis or absence of caregiver where individual is in need of assist.
	+ Individual is aggressive in home care situation or is leaving their home placing individual(s) at risk. Placement likely required.
	+ Individual is wandering or driving in community and appears to be very confused, disoriented or lost.
	+ Report of potential abuse or neglect of an individual where the potential for abuse is current and potentially ongoing.

##  **2. Engaging the referent**

* Intake will gather as much information necessary to locate the Adult-At-Risk, the alleged abuse or neglect, any risks to the investigator, and information regarding an alleged perpetrator if one exists.
* Utilize the (Best Practice Model) Intake Form as a guide for questions to assure receipt of crucial information.
* Intake should make efforts to calm the reporter (if upset) and assure caller as to the appropriateness and applicability of their report to APS.
* Ask caller what their expectations are for APS intervention – explaining what the role of APS is – any limitations or actions that might not match caller’s expectations.
* Each county may use their own intake information form.
* Referent will be given general information about investigation process and confidentiality.
* Anonymous calls will be accepted, but wherever possible, the referent will be encouraged to disclose their identity.
	+ If caller agrees – attain current address/contact information and ask if they would like a follow-up letter (note scope of what the letter will cover).
* Referents will be told that the law protects their identity (even if provided to APS) unless they give permission to disclose their name to the Adult-At-Risk.