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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-21150A (07/2016) | **MODEL TEMPLATE**  **ONLY** | **STATE OF WISCONSIN** |

ADULT PROTECTIVE SERVICES (APS) INVESTIGATION TRANSFER-Model

Interagency Agreement between Wisconsin County and Wisconsin County

**for Independent Investigations of**

**Elder Adults/Adults-at-Risk Reports**

Wisconsin State Statutes §46.90(5)(a)2 and §55.043(1r)(a)2 defines the process for transferring an elder adults/adults-at-risk (EA/AAR) investigation to another county (Transfer County) when the county that received the report (County of Origin) determines that it is unable to perform an unbiased investigation.

The purpose of this agreement is to outline the mutually agreed upon responsibilities of both counties when there is a report of abuse, neglect or financial exploitation of an adult at risk and there exists a real or perceived conflict of interest between the County of Origin and the subject of the investigation.

Upon receiving a report of abuse, neglect or financial exploitation, the County of Origin must first take necessary action to protect the adult at risk.

The County of Origin EA/AAR agency is responsible for determining the need for transferring an investigation based on the judgment that another county’s agency would be better able to conduct an impartial investigation.

County EA/AAR staff need to have an understanding of:

* What constitutes a conflict of interest?
* County process if a conflict of interest is suspected.
* Who makes the final decision to transfer?
* Transfer process including Transfer County contact information.
* Follow-up to transfer and County of Origin contact information.

## Roles of the County of Origin

* Take immediate action to protect the adult at risk.
* Call 911 or contact law enforcement immediately if a report leads the worker to believe that a crime is occurring or imminent or if s/he believes that substantial physical harm, irreparable injury, or death may occur to an adult at risk.
* Notify local law enforcement if, based on the reporter’s allegations, a crime has been committed.
* Compile information from the report of abuse, neglect or financial exploitation. Compile available information related to the adult at risk.
* The two counties may develop a form for transfers of EA/AAR investigations. A sample form is attached in Appendix A. You may also wish to use the data collection form available at <http://dhs.wisconsin.gov/forms1/f2/f20441a.pdf>.
* Contact Transfer County
* Complete state transfer authorization form [F-21150 Elder Adults/Adults-at-Risk Agency Conflict of Interest Notification and Transfer of Investigation Powers](http://www.dhs.wisconsin.gov/forms1/f2/f21150.doc) and fax/e-mail to the Department of Health Services.
* Assist Transfer County in gathering requested information.
* Act on recommendations made by the Transfer County and accepted by the adult at risk.
* Once the independent investigation is completed, the County of Origin will assume responsibility for follow-up, program coordination, service delivery, and the initiation of judicial proceedings as required. The county of origin maintains total responsibility for cost of services and follow-up recommended by the Transfer County.
* Enter final report into WITS.

Upon receiving and accepting a request to perform the response to a report of abuse, neglect or financial exploitation from another county, the County of Origin will fax or e-mail the transfer authorization form to the Department of Health Services (DHS). DHS will return the signed form to both counties.

## Roles of the Transfer County

The Transfer County is empowered with all the powers and duties held by the County of Origin prior to the transfer including, but not limited to:

* A visit to the residence of the adult at risk.
* Observation of the adult at risk.
* An interview with the adult at risk.
* An interview with the guardian or agent under an activated power of attorney.
* Review of treatment and patient health care records of the adult at risk.
* Review of any financial records of the adult at risk.

After investigating the report, the Transfer County will report its recommendations back to the County of Origin. Recommendations may include:

* Services for the adult at risk.
* Continued investigation.
* Referral to law enforcement.
* Petition for guardianship, protective placement or protective services.

The report to the County of Origin should include all information needed for it to complete the report in WITS. Counties may wish to use the sample form attached in Appendix B.

The Transfer County will have access to records as allowed under Wisconsin Statutes § 55.043 (6) (b) 9.

Under no circumstances is the Transfer County responsible for the cost of follow-up and services needed to keep the adult at risk safe and healthy. However, the Transfer County should accept the decision by the County of Origin that the report needs an independent investigation.

## Contact Information

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| **Wisconsin County** |  | **Wisconsin County** |
| Contact Name  Contact Title  Department  Phone number:  Email:  Fax number: |  | Contact Name  Contact Title  Department  Phone number:  Email:  Fax number: |

## Disputes

Disputes may arise relating to disagreement on the need to perform an independent investigation of a report or about the actions taken or recommendations made by the Transfer County. If the two counties are unsuccessful in resolving the dispute on their own, one or both counties may contact the state regional office. To find contact information, go to: <http://dhs.wisconsin.gov/areaadmin/contacts.pdf>.

## Signatures

The Parties agree to perform independent adult-at-risk investigations in compliance with §.46.90 (5) and s. 55.043(1r) of the Wisconsin Statutes and as set forth in this Agreement. The agreement remains in force until either party provides the other party with notification of termination.

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| Wisconsin | **County** |  | Wisconsin | | **County** |
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| Human Services Director or EA/AAR Supervisor | | |  | Date | |
|  | | |  |  | |
|  | | |  |  | |
| Human Services Director or EA/AAR Supervisor | | |  | Date | |

Attachments

## Appendix A

Sample Adults-at-Risk Reporting Form to Provide

information needed by the Transfer County

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of individual | | | | | |  | | | | | | |
| Phone number | | | |  | | | | | | | | |
| Address | |  | | | | | | | | | | |
| Other information that may help in responding to this report. | | | | | | | | | |  | | |
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| Date of incident | | | | |  | | |  | Describe the incident | | |  |
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| Describe anyone else involved in the incident | | | | | | |  | | | | | |
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| Contact information for County of Origin | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | |
| Phone number | | |  | | | | | | | | | |
| What actions were taken by the County of Origin? | | | | | | | | | | |  | |
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## Appendix B

Sample Transfer County follow-up report form

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| Date of Report Back to County of Origin | | | | | | | | |  | | |
| Name of individual | | | | |  | | | | | | |
| Phone number | | | |  | | | | | | | |
| Address |  | | | | | | | | | | |
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| Incident Result | | | | | |  | | | | | |
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|  |  | Substantiated | | | | |  | Unsubstantiated | |  | Unable to Substantiate |
|  |  | | | | | | | | | | |
| Actions Taken:[[1]](#footnote-1)\* | | |  | | | | | | | | |
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| Services Recommended or Planned:\* | | | | | | | | |  | | |
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| Services Planned for the Alleged Abuser:\* | | | | | | | | |  | | |
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1. **\*** You may wish to use the Valid Values List at <http://dhs.wisconsin.gov/forms1/f2/f20441ai.pdf>. [↑](#footnote-ref-1)