### Adult Protective Services (APS)andAging and Disability Resource Center (ADRC)Guidelines

### Purpose

The purpose of this memorandum of understanding (MOU) is to define the roles and relationships of the county Elder Adults/Adults-at-Risk and Adult Protective Services (EA/AAR/APS) agencies and the local Aging and Disability Resource Center (ADRC) as they work together to assure the care and safety of adults at risk who have been abuse, neglected or financially exploited.

**Roles**

EA/AAR/APS

Elder adults/adults-at-risk and adult protective services (EA/AAR/APS) agencies respond to reports of abusive or neglectful situations involving an adult at risk. (*Since there is no age limit in the definition of an adult at risk, this term will be used to include elder adults at risk and adults at risk ages 18 to 59*.) EA/AAR staff will investigate the incident and then, based on discussions with partners such as ADRC staff and the local managed care organizations, will make recommendations for services to meet the needs of the adult at risk. This includes working with the court and others to assure protection in the immediate term, and services over the longer term as required to improve or correct the situation.

The EA/AAR/APS agency responsibilities, as they relate to protecting the care and safety of adults at risk, include:

* Response to reports and referrals of potential abuse, neglect or financial exploitation. Response will be conducted as prescribed by Wis. Stats. § 46.90 and Chapter 55, DHS directives and local policies and procedures including requirements of the court.
* Training and updating of ADRC staff regarding the recognition of neglect, self-neglect, financial exploitation or abuse; legal requirements, and reporting protocols.
* Petition for emergency protective services/placement, if needed, to ensure the immediate protection and pre-court stabilization of an individual.
* Investigating reports to determine need for legal interventions (e.g., guardianship, protective placement/services) and serve as court liaison.
* Providing ongoing court liaison regarding protective placement issues. This includes, but is not limited to, conducting an annual review of court-ordered placements (i.e., Watts Reviews) based on information from the MCO and other sources.
* Providing contact information for an EA/AAR/APS liaison with the ADRC to respond to inquiries from the resource center staff regarding EA/AAR/APS.
* Establishing a process for EA/AAR/APS staff to refer clients to the ADRC for functional and financial eligibility screens and options counseling.
* Assisting ADRC staff in gathering information needed to determine functional and financial eligibility.
* Understanding ADRC services and when to refer a client to the ADRC for assistance. Basic ADRC functions include:
* Options Counseling consultation and advice about the options available to meet an individual’s long-term care needs;
* Information and Assistance about services, resources and programs in areas such as: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, public benefits, employment and training for people with disabilities, home maintenance, nutrition, assistive technology and other topics;
* Access to publicly-funded long term care including administration of the Long Term Care Functional Screen, and enrollment in publicly funded managed care options (e.g., Family Care, Partnership Program);
* Benefits counseling to help individuals navigate the complex system of public and private benefits by providing accurate and current information, and assisting individuals to apply for, and address problems with Medicare, Social Security, and other state- and federally-administered benefits.
* Referring to or ask for assistance from the ADRC in situations in which ADRC staff may provide information about services or programs to assist the adult at risk. This may include services such as transportation, congregate or home-delivered meals, caregiver assistance, support groups, benefits counseling, friendly visitors or chore services.
* Following-up with the ADRC detailing the response provided to any case referred from the ADRC.

ADRC

Aging & Disability Resources Centers are a central source of specialized information, assistance and access to community resources for older people and adults with disabilities as well as their families. Personalized assistance is available at the ADRC, over the telephone or in visits to an individual’s home.

ADRC responsibilities, as they relate to protecting the care and safety of adults at risk, include:

* Establishing a process for ADRC staff to refer to EA/AAR/APS.
* Reporting, in a timely manner, to County EA/AAR unit suspected instances of neglect, self-neglect, financial exploitation or abuse of ADRC clients.
* Cooperating with EA/AAR response, evaluation, reporting and service plan activities to help ensure that the county has the information needed to investigate a report, develop necessary court documentation and protect the adult at risk.
* Providing the entry point for eligibility determination of publicly funded long-term care services as well as access to other programs needed to protect the health and safety of an adult at risk. Upon referral from the EA/AAR/APS agency, the ADRC will gather the information needed to determine functional and financial eligibility and provide options counseling.
* Understanding EA/AAR/APS programs including a general understanding of Wis. Stats. Chapter 51, 54, and 55 as well as when to report abuse, neglect or financial exploitation. Basic EA/AAR/APS functions include:
* Receiving and responding to reports of abuse and neglect concerning individuals at risk. Response may include: a visit to the home, an interview with the guardian or other agent, a review of health care or financial records, transport to a medical examination, a protective placement/guardianship petition with the court, referral to law enforcement for investigation of a crime, or referral to state regulatory bodies.
* Organizing, planning and delivering services from existing public and private agencies to adults at risk who voluntarily accept recommended programs.
* Working with law enforcement when there is an abuser.
* Determining when services or placement can be provided without consent of the individual, either with consent of a guardian or under a court order. Services, even protective placement, must be provided under the least restrictive conditions necessary to achieve their objective.
* Establishing protective services and protective placements for people who need them because of serious and persistent mental illness, degenerative brain disorder, developmental disabilities, or other like incapacities with the least possible restriction on personal liberty and exercise of constitutional rights.
* Keeping the EA/AAR/APS informed of results of eligibility and acceptance of service plan by the adult at risk.
* Designating a specific individual to be an on-going member of the adults-at-risk interdisciplinary team (I-Team). The purpose of the I-Team is to improve practice and collaboration between a wide variety of professionals and disciplines.
* Providing contact information for an ADRC liaison with the EA/AAR/APS agency. (if different than the staff assigned to the EA/AAR Interdisciplinary Team).

Shared Responsibilities

Both ADRC and EA/AAR/APS staff will consult/participate with the MCO Care Coordination Team to ensure that a plan of services is in place to address long-term protection needs and comply with court orders or, if needed, to coordinate an urgent services agreement. Unless determined otherwise, the MCO will communicate directly with EA/AAR/APS staff relating to their level of involvement in developing a sustainable plan of services. Both EA/AAR/APS and ADRC staff may provide short term care coordination.

**Process for reporting suspected abuse, neglect or financial exploitation to the EA/AAR/APS agency.**

**In an emergency, call 911.**  If there is reason to believe that someone is at imminent risk of serious harm, contact law enforcement immediately.

Each ADRC should work with the county EA/AAR/APS agency to define a referral process. The method for reporting will vary from county to county based on the organizational structure as well as physical location of the EA/AAR/APS unit. However, reports of abuse, neglect or financial exploitation should be reported to the EA/AAR/APS agency within one working day.

EA/AAR/APS staff have 24 hours to determine a response to the report. If the ADRC phone number is listed by the county as the Elder Abuse/Adults-at-Risk Helpline, the 24 hour timeline begins at the time of the call.

The coordination of response between the ADRC and the EA/AAR/APS agency needs to include:

* When to refer.
* Who makes decision to refer?
* Referral process.
* Follow-up to referral.

## When to refer

When the ADRC staff receives a call to report elder abuse or has contact with a person who may be suffering from abuse, neglect, or financial exploitation, a report should be made to the county EA/AAR/APS agency. Helpful information on when to refer is available in the February 2009 SafetyNetworks Memo 10[[1]](#footnote-1).

In situations involving allegations of physical or sexual abuse, financial exploitation or neglect by others, the case should be referred as quickly as possible to the EA/AAR agency.

When allegations involve self-neglect and significant danger is not being reported, ADRC staff may respond without reporting to EA/AAR/APS. Self-neglecting individuals may simply be unaware of the options available to help manage their needs. In some cases, the situation may be controlled without the involvement of EA/AAR/APS. However, if the neglect continues or becomes a significant danger, a report should be made so EA/AAR/APS staff can respond with the tools available to them, including legal intervention.

EA/AAR/APS staff need to work with ADRC staff to help them recognize the need for referral.

## Who makes decision to refer?

## Each ADRC will determine who makes decisions on reporting to the EA/AAR/APS unit. If ADRC staff have reason to believe that someone is being abused, neglected or exploited, they may want to discuss the case with other ADRC staff or with their supervisor. If there is still doubt about referring, always err on the side of contacting EA/AAR/APS.

An ADRC may have supervisors do referral assessments. If it is determined that only a supervisor can make reports, s/he needs to make a quick decision and refer the case to EA/AAR/APS by the next working day.

## Referral process

Counties may have a written referral form, may phone the referral, or - if the EA/AAR/APS unit is physically located in the ADRC - a face-to-face referral. ADRCs and EA/AAR/APS agencies should determine timelines for reporting but urgent cases should be referred immediately and in most all cases, referrals should be made by the next business day.

There needs to be a back-up process if the EA/AAR/APS staff is unavailable. The back-up may be an ADRC I&A staff or county crisis staff. Since EA/AAR/APS staff are often out of the office responding to reports, back-up is likely necessary.

ADRC staff may take actions that protect the individual while in the process of contacting the EA/AAR/APS agency. For example, if the AAR agrees to medical attention, ADRC staff may help arrange transportation.

## Referral Follow-Up

Since the EA/AAR/APS agency has 24 hours to make a decision on response to reports, staff should follow-up with the ADRC within two working days on actions taken or planned. If there is going to be no further action on the report, it is still important to get back to the ADRC who may contact the individual to offer information, options counseling or assistance to get connected to needed programs and services.

**Process for referring elder adults/adults at risk to the ADRC for benefits counseling or eligibility determination.**

After investigating a report of abuse, neglect or financial exploitation, EA/AAR/APS staff often develop a set of service and program recommendations for the adult at risk. Staff may have recommendations for the individual even if the abuse was not substantiated.

If those recommendations include a need for benefit or options counseling or if eligibility for long term care needs to be determined, EA/AAR/APS staff need to refer the individual to the ADRC.

## Referral process

ADRCs will determine a referral process for EA/AAR/APS staff that may be a call to the main number where they are immediately assigned to a worker or there may be a specific person in the ADRC who takes all EA/AAR/APS referrals. Whatever the system, it should be defined in the ADRC-EA/AAR/APS Memorandum of Understanding. There may be a written referral form that allows EA/AAR/APS staff to provide the ADRC with all the information already collected about the adult at risk. EA/AAR/APS staff may also give the ADRC worker the pending information on the Wisconsin Incident Reporting System.

## Referral Follow-Up

ADRC staff should follow-up with EA/AAR/APS workers to coordinate information gathering for eligibility determination and to report on eligibility findings.

EA/AAR/APS staff may be involved initially on the MCO’s care management team for individuals at risk who are eligible for Family Care. The MCO will communicate directly with APS staff to determine whether assistance with coordinating a sustainable plan of service is needed and/or appropriate. Further communication between the ADRC and EA/AAR/APS staff may be set in the MOU or may be determined on a case by case basis.

### Exchange of confidential Information

The EA/AAR/APS agency and the ADRC may exchange information as needed to perform duties or provide services to a client, pursuant to Wis. Stats. § 46.21,
§ 46.215 and § 46.22. The two agencies acknowledge that reports of suspected abuse, neglect and financial exploitation are otherwise confidential and may not be released except in circumstances indicated under § 46.90(6)(b)1.-10. and § 55.043(6)(b)1.-10. The two agencies acknowledge that they may not further disclose the information except as pursuant to these statutes.

1. Available at <https://www.dhs.wisconsin.gov/aps/sn10referral.pdf> [↑](#footnote-ref-1)