

ADULT PROTECTIVE SERVICES REFERRAL POLICY		
Policy #: 04	Date of Approval: 4/2011	Date Policy is Effective: 4/2011
Responsible Person: ADRC Manager		Author:
Reference: Greater Wisconsin Area on Aging Resources, Inc www.gwaar.org ; 2005 Act 388 (2005 AB 539); Wis. Stat. ss 46.90, 55.01 and 55.043.		Approved By: Joint Managers 3/11/2011: Approved by North Governing Board 4/2011
Cross Reference: Supervising Attorney's Selsor e-mail describing role of EBS		

Purpose

The purpose of this policy is to assure that Aging & Disability Resource Center (ADRC) ADRC Specialists, Disability Benefit Specialist (DBS) and Elder Benefit Specialist (EBS) understand the conditions under which a referral to Adult Protective Services is appropriate and the process for making a referral, so that consumers in need of protective services are promptly connected to Adult Protective Services (APS).

Policy

If an ADRC Specialist receives a contact describing an elder or other adult at risk where it is *obvious* that the individual is at substantial risk of serious harm or deterioration, financial exploitation, or presents a *clear risk* of harm to others and the situation appears urgent an immediate verbal referral to APS will be made following APS protocol for a formal referral. All other APS referrals will be made the same day or no later than 10:00 am the next working day. ADRC Specialists shall be knowledgeable about and assist individuals in accessing emergency, crisis intervention, and domestic violence and sexual assault services when needed.

Under Wisconsin Law staff providing ADRC services are not mandatory reporters. However, if an ADRC Specialist is a Certified Social Worker their license states they are a mandatory reporter.

If the DBS becomes aware of a situation involving possible abuse and/or neglect, he/she will promptly consult the DBS program consulting attorney, and will follow the attorney's direction regarding what action, if any, to take.

If the Elder Benefit Specialist becomes aware of a situation involving elder abuse or neglect, the EBS must obtain permission from the person being abused prior to making a referral to APS. If the customer is not willing to give permission for a referral to APS, the EBS will contact their supervising attorney for next steps.

Definitions

Elder adult at risk – A person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect or financial exploitation.

Adult at risk – Any adult who has a physical or mental condition (i.e., developmental disabilities, chronic mental illness, physical disability, or other like incapacity) that substantially impairs his or her ability to care for his or her needs who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect or financial exploitation.

Abuse – Abuse includes physical abuse, emotional abuse, sexual abuse, treatment without consent, and unreasonable confinement or restraint.

- a) Physical abuse is intentional or reckless infliction of bodily harm.
- b) Emotional abuse is 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.
- c) Sexual abuse is violation of the criminal sexual assault laws.
- d) Treatment without consent is administration of medication, treatment, surgery, or experimental research to an individual who has not provided informed consent.
- e) Unreasonable confinement or restraint includes intentional and unreasonable confinement of an individual in a locked room, involuntary separation from his/her living area, use of physical restraining devices or the provision of unnecessary or excessive medication. This does not include use of these methods by an entity regulated by the State if employed in conformance with state and federal standards.

Financial Exploitation – Financial exploitation includes:

- a) 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/her will without his/her informed consent;
- b) Theft;
- c) The substantial failure of a fiscal agent to fulfill his/her responsibilities;
- d) The unauthorized use of an individual's or entity's identifying information, documents or financial transaction card.

Neglect – Neglect is failure of a caregiver to maintain adequate care, services or supervision for an individual, including food, clothing, shelter or physical or mental health care that creates significant risk or danger to the individual's physical or mental health.

Self-Neglect – Self-neglect is a significant danger to an individual’s physical or mental health because he/she is responsible for his/her own care but fails to obtain adequate care, including food, shelter, clothing, medical care or dental care.

Following are “red flags” that may indicate an elder or other adult at risk is in need of protective services:

- a) The individual is a victim of a violent crime and seems to need social/emotional support (Note: If staff have reasonable cause to believe that a crime has been committed, with some exceptions that fact should be reported to law enforcement.);
- b) You are concerned about the well-being of the individual because of his/her extreme isolation or confusion;
- c) The living conditions are dangerous or create a high risk of harm;
- d) The person is building up objects, garbage and/or animals to the point that it is unsanitary and/or difficult to move within the home;
- e) The individual indicates concerns that his/her money has been stolen;
- f) You witness or are told about aggressive behavior towards the individual;
- g) There is a previous history of abuse by family members or caregivers;
- h) There is an obvious absence of assistance, or there is indifference or anger by the caregiver or family member(s).

Procedure

DECIDING IF A REFERRAL TO APS IS APPROPRIATE

1) Who Is Reportable?

An “elder adult at risk,” or an “adult at risk.”

2) What Is Reportable?

Abuse, financial exploitation, neglect and self-neglect.

3) When Is A Referral To APS Required for **ADRC Specialists?**

When an ADRC Specialist has contact with or becomes aware of a customer who is an elder adult at risk or other adult at risk, and

- a) the customer has requested that the ADRC Specialist make the report; or
- b) there is reasonable cause to believe that the elder adult or other adult at risk is at imminent risk of serious bodily harm, death, sexual assault or significant property loss **and** is unable to make an informed judgment about whether to report the risk; or

- c) there is an elder or other adult at risk other than the subject of the initial report who is at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

One exception to this is that no reporting is required if the ADRC Specialist believes that filing the report would not be in the best interest of the elder or other adult at risk. In such cases, the ADRC Specialist must consult with the ADRC Office Manager or designee. If Office Manager or designee is not available, the ADRC Specialist will contact APS. The ADRC Specialist and Office Manager will consult with APS providing no specific names but details of the case. If it is the recommendation by APS that a report should not be made, the reasons for not reporting should be fully documented in the customer record.

4) How Does the **DBS** Decide When a Referral to APS is Appropriate?

When the DBS has contact with or becomes aware of a customer who is an elder adult at risk or other adult at risk, he/she will promptly contact his/her assigned Program Attorney, and follow the direction of the Attorney. If the Program Attorney advises the DBS to follow the ADRC policy, the DBS will consult with the Office Manager or if not available an ADRC Specialist, for consulting and possible coordination (team approach) with an ADRC Specialists. The DBS or team of DBS and ADRC Specialist will follow procedures outlined in this policy: “When Is A Referral to APS Required for ADRC Specialists?” and “Making a Referral,” and “Following - Through on a Referral.”

5) What are the Responsibilities of the **EBS** Regarding APS?

The EBS is supervised by a program attorney through the GWAAR Elder Law Center and by the ADRC Office Manager. As a legal assistance program the Elder Benefit Specialist program operates under “attorney-client privilege.” Under this status she/he is not a mandated reporter for APS, and is in fact prohibited from reporting. This includes not being allowed to report to the ADRC Specialists and the ADRC Office Manager.

The EBS is allowed to get verbal and preferably written consent from the client, guardian or the client’s activated power of attorney for healthcare and/or finance to make a report. They are allowed to strongly suggest making a report to the appropriate authorities. However, if an EBS did make a report without the individual’s or guardian’s or activated power of attorney’s permission, they would be in violation of ethical standards.

In addition, the APS staff are not allowed to ask EBS to contact individuals to offer services if they believe a service is needed. APS can advise individuals to call the EBS or have their guardian or activated power of attorney for finance call

the Benefit Specialist for an appointment. EBSs are not allowed to make cold calls.

When the EBS has contact with or becomes aware of a customer who is an elder adult at risk or other adult at risk, he/she will a) discuss the abuse or neglect with the customer; b) advise the customer about available options with regard to the abuse or neglect, including reporting to the appropriate authorities and/or obtaining other services; c) secure the customer's informed consent before proceeding with reporting regarding the abuse or neglect; and d) work closely with the supervising attorney in cases where abuse or neglect is known or suspected. When making a referral to APS, the EBS should follow the referral procedures outlined below under "Making a Referral," and "Following Up on a Referral."

Sometimes, even after meeting with an individual, it is difficult to determine whether he/she is in need of a referral to APS. In such cases, staff should

- a) consult with other professional ADRC Specialist(s);
- b) consult with the I&A Lead-and ADRC Office Manager;
- c) if still in doubt or if consultation is not available, *always err on the side of making a referral.*

MAKING A REFERRAL

To make a referral for APS, follow protocol designated by local APS Unit. If the APS Social Worker is not available (i.e., on vacation, off work due to illness, away at training, etc.), follow local backup procedures.

If a contact received by an ADRC staff person is clearly a matter for APS, a written referral to APS should be made the same day or no later than 10 a.m. the following working day. In cases where the situation is urgent, a verbal referral to the APS Social Worker should be made immediately, following APS protocol for a formal referral within two working days.

FOLLOWING – THROUGH ON A REFERRAL

All referrals to APS require a contact with the APS Social Worker to ascertain whether or not the referral was accepted. For referrals that were considered urgent, a contact should be made the next working day. For other APS referrals, a contact should be made within two working days.

If assessment by the APS Social Worker indicates that the customer does not meet criteria and the referral to APS is not accepted for service, make a contact with the customer and, as appropriate, offer information, options counseling and assistance to get connected to needed programs and services.

History: New policy 2/16/04. 1/2007 - Updated policy number and some words to reflect integration of Health, Aging & Disability Resource Center with Elderly Services to create ADRC. Updated policy content to reflect changes in Wisconsin's elder abuse and adult at risk reporting law. 10/2007 - Updated policy to reflect that the APS function was moved from the LTS unit to the ADRC. 01/2008 – After review and feedback from EBS supervising attorney, updated policy to reflect reporting for EBS (see letter on file). **10/2012 ADRC NAME CHANGE: ADRC of Eagle Country.** Updated policy to refer to customers instead of consumers. Also removed paragraph referring to additional information on dhfs website regarding indicators or abuse. Change Elderly to Elder Ben Spec, added paragraph regarding mandatory reporting. 8/2014 Removed language about staff making visit to assess for safety if unsure about situation. Referral directly to APS should be made. Removed language follow-up with contact, to keep consistent definition of follow-up . 9/2014 add sentence in policy for EBS to contact supervising attorney. Clarify in *One Exception* if Lead I & A and Office Manager not available staff can go directly to APS. Clarify DBS role if program attorney states to follow ADRC policy. 1/2016 eliminated language “lead I&A” to designee, eliminated language “written referral” to “follow local APS Unit protocol for referral.”. 4/2023 updated to reflect change in title from “I&A Specialist” to “ADRC Specialist”

Annual Review Dates: Reviewed and updated 1/2007. Reviewed and updated 01/2008. Reviewed and updated 03/2011. Approved by North Governing Board4/2011. Reviewed, no changes 6/2012. Reviewed and Updated on 6/2013, Updated 8/2014, Updated 9/2014, updated 1/2016