

SECTION 2002 – ACCEPTING APS REPORTS

<p>SUMMARY STATEMENT:</p>	<p>Adult Protective Services (APS), acting on behalf of the Division of Aging Services Director, shall accept for investigation reports of suspected abuse, neglect, or exploitation of disabled adults or elder persons who are not residents of long-term care facilities (note “specific limited situation”, in section 2009); as defined in the <i>Disabled Adults and Elder Persons Protection Act (O.C.G.A. §30-5-1, et seq.)</i> and who meet criteria for adult protective services.</p> <p>APS Central Intake is responsible for receiving reports alleging abuse, neglect and exploitation (A/N/E) of vulnerable adults who are unable to protect themselves.</p>
<p>REFERAL CATEGORIES</p>	<p>Reports that meet criteria and are accepted for investigation are referred to as a “Referral” and further categorized by type of A/N/E.</p>
<p>Abuse</p>	<p>Abuse is the willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person.</p>
<p>Sexual Abuse</p>	<p>Sexual abuse is the coercion for the purposes of self-gratification by a guardian or other person supervising the welfare of having immediate charge, control, or custody of a disabled adult or elder person to engage in sexual activity, involuntary exposure to sexually explicit material or language or sexual contact against the adult’s will. Sexual abuse also occurs when an adult is unable to give consent to such sexual activities or contact.</p>
<p>Neglect</p>	<p>Neglect is the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person by a caretaker.</p> <p>“Caretaker” is a person who is responsible for the care of a disabled adult or elder person as a result of family relationship, contract, voluntary assumption of that responsibility, or by operation of law. A financial institution is not a caretaker of funds or other assets unless such financial institution has entered into an agreement to act as a trustee/conservator of such property or has been appointed by a court of competent</p>

**REFERRAL
CATEGORIES
cont.**

jurisdiction to act as a conservator with regard to the property of the adult.

NOTE: Intent by the caretaker **is not a** factor in determining neglect of the adult.

Self-Neglect

"Self-Neglect is the result of an adult's own inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs." (Definition provided by the National Association of Adult Protective Services Administrators, October 1990)

NOTE: Neglect **and** Self-Neglect may both contain, but are not limited to, the following circumstances:

Medical Neglect

Medical neglect may include situations in which:

- Caretakers have failed to seek needed medical care for an alleged victim.
- The alleged victim has failed to obtain such care for him/herself.

The needed medical care is believed to be of such a nature that failure to provide medical care is likely to result in physical or mental injury/illness if such care is not provided. Medical care may include the services of physicians, nurses, in home medical services, hospitalization, required medication, nursing home care, etc. Examples include: conditions which are not accepted as normal for most functioning adults (common cold or mild depression would be considered normal for most functioning adults vs. kidney disease or suicidal tendencies which would result in physical or mental injury/illness if such care is not provided.)

Inadequate food

**REFERRAL
CATEGORIES
cont.**

Absence of food necessary to prevent physical injury/illness or to maintain life.

*This can include failure to receive appropriate food for persons with conditions requiring special diets (i.e., **diabetics**). It is important for the Central Intake Specialist to differentiate between the lack of appropriate nutrition as opposed to the caller's value bias regarding appropriate meals.*

Inadequate shelter

Inadequate shelter may consist of a structure which

- Is not structurally safe,
- Is not suitable for use as a shelter for human beings,
- May not have a safe and accessible water supply, heat source or sewage disposal, or
- Has an environmental hazard that may result in serious health problems.

Inadequate Clothing

Inadequate clothing can include

- lack of clothing sufficient for the environmental conditions and places the client at risk, or
- Clothing that is inappropriate, ill-fitting and restricts movement and/or normal activity.

Lack of Supervision

- Requires total care (care that involves assistance with all ADLs and may require 24 hour supervision) and has been left without a reliable caretaker, or wandering behavior that places the person at risk of harm, or
- Mental or physical disabling condition that interferes with person's ability to meet minimal needs and assistance is not

<p>BASIC CONSIDERATIONS cont.</p> <p>Exploitation</p>	<p>available or is being withheld, placing the alleged victim at risk.</p> <p>“Exploitation is the illegal or improper use of a disabled adult or elder person’s resources through undue influence, coercion, harassment, duress, deception, false representation, false pretenses, or other similar means for one’s own or another’s profit or advantage”.</p> <ul style="list-style-type: none"> • Willfully using, withholding, transferring or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another; • Acquiring possession, control or an interest in funds or property of a vulnerable adult through undue harassment or fraud; or • Forcing a vulnerable adult against his or her will to perform services for the profit or advantage of another.
<p>PROCEDURES</p> <p>Step 1 Report Details</p>	<p>Central Intake Specialist shall document all calls, faxes, and web reports in accordance with the DAS Data System documentation standards; choose an initial report disposition; and send referrals (intakes that meet-criteria) to local supervisors within one business day of report date.</p> <p>Obtaining details about the allegation/situation from reporter or review the written report related to the following items, including, but not limited to:</p> <ul style="list-style-type: none"> • Specifics about the alleged victim; name/description, phone number, address/direction to location, age, impairment, diagnoses, etc.; • Nature and extent of alleged A/N/E; • Where and when A/N/E took place; • Is A/N/E ongoing at the time of the report; • Did alleged victim get medical attention for alleged A/N/E; • Is the alleged victim receiving any public or private services: • Other persons with knowledge of the incident; • Involvement of the family, if any; • Caretaker - relationship and address, if any;

**PROCEDURES
cont.**

- Potential collateral contacts;
- Alleged perpetrator, if known;
- Does alleged victim have a guardian, caregiver or responsible party;
- Reporter's name, address, phone #, and relationship/role;
- Is alleged victim aware of report being made;
- Possible response of alleged victim to contact from APS worker;
- Possible dangers (ex. dogs, guns, violence) or potential hazards to the worker;

When reports are made via [online web reporting](#) or fax, a Central Intake Specialist will attempt to contact the reporter directly for the purpose of notification, acknowledgement and gathering more information; prior to making a determination on the status of the report. Failure to make direct contact with the reporter shall not prohibit the Specialist from making a determination in one business day based on the information provided. Refer to [Appendix F](#) of this manual for more information on how to engage the reporter.

**Step 2
Criteria**

Determine if the report meets the criteria for Adult Protective Services. The criteria are as follows:

- A disabled adult 18 years or older or an elder person (age 65 or older) who can be identified by name, description, or location and is not a resident of a long-term care facility. Adult Protective Services is not mandated to investigate abuse, neglect and/or exploitation in long term care facilities.
- Alleged to be victim of harm or threat of harm by the action or inaction of the adult or others.

Choose from 3 possible dispositions:

- Meet Criteria
- Does not Meet Criteria / Intervention
- Incomplete

**Step 2A
Meets Criteria**

When a report meets the criteria for APS investigation Central Intake shall proceed as follows:

PROCEDURES
cont.

- Select referral category or categories that appropriately describes the present harm or threat of harm; and
- Complete Steps 4 and 5
- When imminent harm or danger is present complete Step 6

Step 2B
Does not Meet Criteria
/ Intervention

Provide a brief telephone intervention that shall consist of referring the caller to other agencies or resources, when the report does not meet criteria for APS. The standard referral may be to the Aging Disability Resource Connection (ADRC). This can be done through:

- Direct telephone contact; or
- Phone message left with the reporter;

Step 2C
Incomplete Reports

Classify reports that lack identifying information (i.e. name/description or address/location) that would prevent APS staff from making contact with the vulnerable adult or specific details related to alleged A/N/E as **“Incomplete”**. These reports will not be accepted for investigation.

- CI staff will attempt to ascertain the needed information from the reporter sources before the report is closed out with a final disposition of **“Incomplete”**.
- When reporters have been notified of a pending **“Incomplete”** disposition due to a lack of critical information, the reporter will have 1 business day of the report date to provide needed information.
- If the information is not provided by the end of the next business day the intake will be closed with a status of **“Incomplete”**.
- If, information is provided to CI staff after the **“Incomplete”** disposition has been finalized, the call will be entered as a new report.

Step 3
Immediacy Rating

Determine if the report accepted for investigation needs to be brought to the immediate attention of the APS Supervisor and require a 2 business day standard of promptness for the first face to face client contact.

Based on the information gathered in the APS report, the APS CI Specialist will make a determination of the need to designate a report as a **Priority** or **Standard** referral.

PROCEDURES
cont.

Special conditions that may warrant a “**Priority**” rating include circumstances that allege the vulnerable adult does not have essential needs met and imminent threat exists. Examples include, but are not limited to:

- Lack of access to food;
- Need for immediate medical attention;
- Lack of needed supervision;
- Visible bruising on the vulnerable adult;
- Alleged perpetrator has access to the vulnerable adult and the vulnerable adult might remain in harm’s way without immediate intervention;
- Sexual abuse in alleged; and
- Other situation as determined by CI supervisor.

Step 4
Transferring Referrals
to the Field

Central Intake will forward the accepted report to the appropriate regional supervisor and/or their designee via email. The email shall include the following information:

- Client’s name;
- Client ID number; and
- County of residency in the email subject line

Step 5
Emergency Situations

CI Specialist will alert the receiving APS Supervisor by sending the report via ‘*priority email*’ delivery. The purpose of Central Intake sending the APS report as a ‘*priority email*’ is for the benefit of the receiving APS Supervisor and/or Supervisor designee to determine what actions are needed.

Adult Protective Services staff are not first responders nor provide emergency services, however CI Specialist will take steps to assure the safety of persons alleged to be in imminent harm or danger.

- Callers shall be advised to contact 911 or local law enforcement.
- If the caller appears unable or unwilling to call; CI staff will contact local law enforcement on behalf of the caller.

Adult Protective Services are not emergency “first” responders (i.e. emergency medical; 911; mental health crisis intervention etc.). The CI Specialist must

encourage the caller to seek assistance from emergency responders for individuals that appear to be in imminent harm or danger. While the immediate need may necessitate an emergency response, such as local law enforcement or emergency medical services, further assessment of the situation must be carried out at the CI level to determine if the call warrants APS intervention services or an APS investigation.

REFERENCES

[Adults and Elder Persons Protection Act \(O.C.G.A. §30-5-1, et seq.\)](#)
[Aging Services 5600 Administration Manual, Appendix H DAS Data System Manuals](#)
To report adult abuse refer to:
<http://aging.dhs.georgia.gov/adult-protective-services>