

# ADULT PROTECTIVE SERVICES

NEW WORKER OVERVIEW  
AUGUST 2016



*Strong Families Make a Strong Kansas*

# AGENDA- DAY 1

- Introductions, Housekeeping, Pretest
- Overview of APS/PPS
- Overview of ANE Definitions
- Intake Process- PPM 10110
- Investigations- PPM 10200
- Interviewing- PPM 10213
- APS Resources and Collaboration



# AGENDA DAY 2

- APS Emergency Funds- PPM 10512 and 10900
- Documentation- PPM 10320
- Corrective Action Plans- PPM 10315
- Service Plans- PPM 10500
- Guardianship- PPM 10600, 10630, 10640
- Case Findings- PPM 10300
- Fair Hearings and Due Process- PPM 10330, 10331,10335,10340, 10345
- Central Registry- PPM 10400 and 10410
- PPS Website
- Wrap up/Post test

# LEARNING OBJECTIVES

**Upon completion of this training, APS staff will be able to:**

- Identify at least 3 of the 11 APS Core Competencies for Kansas
- Name the three tiers of APS Intervention
- Identify at least 2 main roles of KPRC
- Provide an example of an allegation of abuse, neglect, exploitation, fiduciary abuse, and self-neglect
- Name at least 4 possible resources/referrals to assist/collaborate with during an APS investigation
- Identify two “dos” and two “don’ts” when interviewing an alleged perpetrator

# LEARNING OBJECTIVES

- Identify at least two ways to build rapport with the involved adult
- Name two reasons why accurate documentation is important
- Identify 4 words that should NEVER be used in documentation (unless documenting a direct quote)
- Describe at least 3 important criteria for making a finding



# INTRODUCTIONS

- Name?
- Where is your office?
- What is your position within APS?
- How long have you been with APS? DCF?
- Name one thing that has been challenging for you during your time with APS?
- Name one thing you would like to take away from this training.

# HOUSEKEEPING

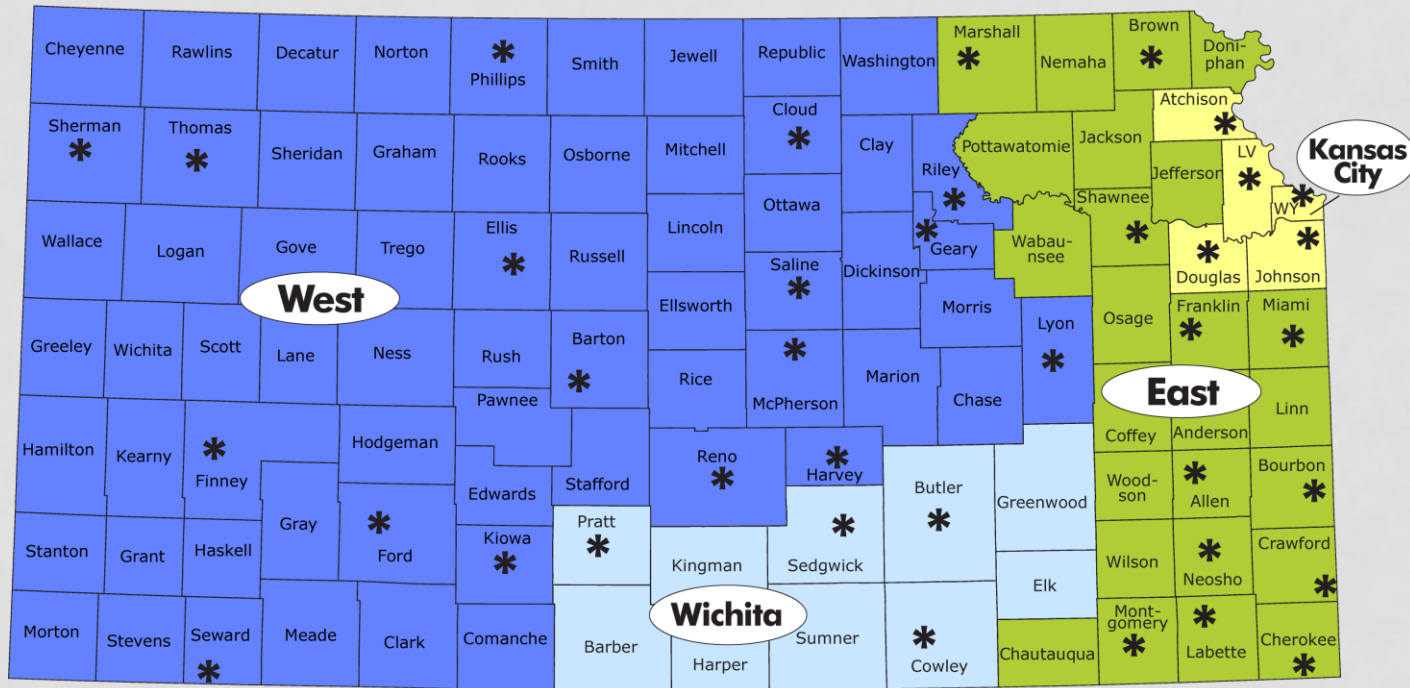
- Restrooms, breaks and lunch
- Rules of the Group:
  - Respect each other's ideas
  - Needs to be a safe place to ask questions and share ideas
  - No such thing as stupid questions
- Contents of Notebooks
- Pre-test

# OVERVIEW OF PREVENTION AND PROTECTION SERVICES/ADULT PROTECTIVE SERVICES

- Agency Resources for APS
  - Division of Audits for exploitation and fiduciary abuse cases
  - LIVE meetings—used primarily for trainings and policy venue
  - Electronic calendars
  - KIPS
- Continuous Program Improvement (CPI) – Quarterly case reads
- APS Advisory Committee
- PMPs
- Policy Revisions (January and July)



# DCF REGIONS



\* DCF Service Center

# APS STAFF ACROSS THE STATE

Number of APS employees (includes APA's, Supervisors, HSA, SI, DCF Administrative Office Staff)

FY 2011	FY2012	FY2013	FY2014	FY2015)	FY 2016
Data not available	63	70	71	71	71

Number of APS APS Specialist Investigators

FY 2011	FY2012	FY2013	FY2014	FY2015	FY2016
Data not available	49	56	56	56	59

# BREAKDOWN OF APS STAFF

Region	APA	APS Specialist Supervisors	APS Specialist	Special Investigator
Kansas City	1	2	12	1
East	1	2	15	0
Wichita	1	2	15	0
West	1	2	17	1
<b>Total</b>	<b>4</b>	<b>8</b>	<b>59</b>	<b>2</b>

# APS DATA

## Total number of APS reports from KPRC

FY 2011	FY2012	FY2013	FY2014	FY2015
10,097	15,208	14,733	15,722	15,839

## Number of assigned investigations/ assessments

FY 2011	FY2012	FY2013	FY2014	FY2015
9,233	10,388	9,736	9,233	9,237

## Total number of investigations substantiated

FY 2011	FY2012	FY2013	FY2014	FY2015
258	217	331	370	304

# APS DATA

Percent of reports assigned for investigation to APS broken down by category

Allegation	FY2011	FY2012	FY2013	FY2014	FY2015
Abuse	No	20%	21%	21%	20%
Neglect	Data	16%	17%	16%	17%
Exploitation	available	17%	13%	12%	14%
Fiduciary Abuse		5%	7%	8%	6%
Self neglect		42%	42%	43%	43%

Percent of substantiated APS reports broken down by category  
– abuse, neglect, exploitation and self-neglect, etc...

Allegation	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
Abuse	3%	2%	3%	3%	3%	3%
Neglect	4%	3%	3%	5%	4%	3%
Exploitation	4%	5%	7%	7%	4%	5%
Fiduciary Abuse	10%	9%	9%	9%	9%	11%
Self neglect	27%	26%	31%	34%	37%	37%

# APS MISSION STATEMENT

Improving the quality of life for Kansas adults who are vulnerable and in need of protection through building connection with family and community, fostering independence, promoting advocacy, and enhancing preventative services.

# APS OVERVIEW, CONT

In your notebooks:

- Best Practices
- Core Competencies
- Confidentiality- PPS 10020

# APS INTERVENTION ON A CONTINUUM

KSA 39-1442 – requires APS intervention to be no more restrictive of the involved adults personal liberty and no more intrusive than necessary to achieve objectives





# APS CONTINUUM OF INTERVENTIONS

Informal community interventions, including family, friends



Formal community interventions such as HCBS, home health, assisting with putting a DPOA in place



Social Security Payee



Voluntary conservatorship and/or guardianship



Full guardianship and/or guardianship



Full guardianship and conservatorship with placement in a treatment facility or nursing facility

# THREE TIER ROLE OF APS

## Three Tiered

1. Determine safety for the involved adult
  - Screening with KPRC
  - Response Time Frame
  - Check in KIPS for previous reports
  - Face-to-Face Initial Assessment with the involved adult
  - Holistic Assessment (PPM 10224)
2. Investigate the allegations—make a finding
  - Interview the involved adult
  - Contact collaterals

# 3 TIERS TO APS INVESTIGATION

- Interview alleged perpetrator(s)
- Collect records (bank, health, etc.)
- Notify law enforcement (if appropriate)
- Answer two questions:
  - Does the evidence obtained from the report and investigation meet the criteria of “Clear and Convincing” evidence to substantiate the that abuse/neglect/and/or exploitation occurred?
  - Does the evidence on the alleged perpetrator obtained from the report and investigation meet the criteria of “Clear and Convincing” evidence to substantiate that the alleged perpetrator(s) did commit the a/n/e?
- In some cases, the allegation may be substantiated, but the ALP is not.

# APS THREE TIERS

3. Develop a plan that will help ensure safety of the involved adult. This may be done simultaneously with first two.
  - Educate involved adult and/or caregiver about resources
  - Make referrals
  - Utilize APS emergency funds
  - Nursing facility placement
  - Guardianship
- May involve a opening a service plan and monitoring safety

# APS STATUTES DEFINING VULNERABLE ADULT

K.S.A. 39-1433 Definition of Adult: An individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through their own action or inaction.

# ABUSE

Abuse: any action or failure to act, performed intentionally or recklessly that causes or is likely to cause harm to an adult

- Infliction of physical or mental injury
- Non-consenting sexual act
- Unreasonable use of physical restraint, medicines, isolation
- Threat or menacing conduct toward the adult
- Omission or deprivation by caretaker

## Examples

# INDICATORS OF ABUSE

- Bruises, black eyes, welts, lacerations and/or rope marks
- Bone fractures, broken bones and/or skull fractures
- Open wounds, cuts, punctures, untreated injuries
- Sprains, dislocations and/or internal injuries/bleeding.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- Laboratory findings of a medication overdose or under utilization of prescribed drugs

# INDICATORS OF ABUSE

- Injuries in various degrees of healing
- Patterned injuries caused by an object
- Injuries are NOT in locations normally associated with accidental injuries such as on the outside of arms, inside of legs, scalp, around throat, face, soles of feet, inside mouth, on or behind the ears, on the trunk, genitalia and buttocks
- Repeated, unexplained or untreated injuries



# DEFINITION OF SEXUAL ABUSE

K.S.A. 39-1430 (b) (2) any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult including: infliction of physical or mental injury; any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship

# INDICATORS OF SEXUAL ABUSE

- Infections, pain or bleeding in genital areas
- Difficulty walking or sitting
- Torn, stained, and/or bloody clothing, including underwear, bedding or furnishings
- Inappropriate (enmeshed) relationship between older adult and suspect.
- Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis or inside thighs
- Bite marks
- Unexplained STDs or HIV
- Coded disclosures such as “I might be pregnant” or “He makes me do bad things”



# NEGLECT DEFINED

Neglect: The failure or omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

## Examples



# INDICATORS OF NEGLECT

- Dehydration or malnutrition
- Presence of untreated bedsores (pressure ulcers)
- Under, over or mis-medicating an older adult. (Look for victim's behavior or if the amount of medication available does not match the prescription)
- Leaving an older adult in feces, urine
- Failure to follow recommended turning procedures for older adults who are bedridden

# INDICATORS OF NEGLECT

- Poor hygiene
- Failure to take older adult to medical appointments, hospital
- Unexplained changes in older adult's weight or cognition
- Inappropriate clothing for conditions
- Filthy bedding, clothing
- Dirty or unused bathroom, kitchen
- Broken, or absence of, needed medical equipment, aids, such as eyeglasses, hearing aids, walkers, wheelchairs

# FIDUCIARY ABUSE

K.S.A. 39-1430 (d)

A situation in which any person who is the caretaker of, or who stands in a position of trust to an adult, takes, secretes or appropriates his/her money or property, to any use of purpose not in the due and lawful execution of such person's trust or benefit.

## Examples



# EXPLOITATION

K.S.A. 39-1430 (d)

Exploitation: Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

## Examples

# INDICATION OF FIDUCIARY ABUSE OR EXPLOITATION

- The older adult is unaware of monthly income and bills.
- Important possessions, documents or credit cards are missing.
- Many bills are unpaid.
- The caregiver refuses to spend the older adult's money on the older adult.
- The older adult has given many expensive gifts to the caregiver.
- Checks are made out to cash.
- The caregiver asks or coerces an older adult to sign a blank check and then the caregiver misuses the check or steals the money.



# EXAMPLE OF FIDUCIARY VS. EXPLOITATION

**Example:** A caregiver is given the responsibility to use an IA's debit card to purchase food for the IA and then makes purchases for him/herself. If the client gave the caregiver the card willingly and without any coercion, that would be fiduciary abuse because the caregiver was given the legal and appropriate permission to use the funds for client needs, but violated that duty.

If the caregiver stole the card out of a purse of an IA and never had permission to use it, that would be exploitation. In this case, the caregiver was never given any legal authority to use the card, and while the client was distracted (i.e. sleeping, watching television, taking a shower) the caregiver stole the card.

# GENERAL INDICATORS OF A/N/E

- Suddenly withdraws from routine activities
- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions
- Is confined (e.g. tied to furniture or locked in a room)
- Is isolated
- Denies, minimizes or blames self for what has happened, is hesitant to discuss or gives “coded” disclosures, such as “my son has a temper”
- Unexplainable changes in behavior

# INDICATORS OF A/N/E

- Waits or fails to seek out help or medical treatment, misses appointments or frequently changes doctors or hospitals
- Visits hospital or physician with vague complaints such as anxiety, headaches or digestive problems
- Provides implausible or inconsistent explanations about what has occurred
- Appears afraid, embarrassed, ashamed, withdrawn or depressed
- An older adult reports being abused neglected or exploited

# ROLE OF CAREGIVER

## Voluntary vs. Involuntary

- Role of caregiver
- Expectations of family members
- Spoken and unspoken agreements
- Roles and expectations change over time
- Level of care needed is likely to increase.
- Rewards no longer perceived sufficient to balance sacrifices.

# ROLE OF CAREGIVER

- Who are Formal Caregivers?

Individuals who are paid or volunteer to provide services that are linked through a social service or health care system.

- Who are Informal Caregivers?

Family members, relatives, partners or friends who provide the care-giving responsibilities.

# ROLE OF CAREGIVER

When investigations involve an allegation of caregiver neglect, sometimes is difficult to determine if the informal caregiver is actually the perpetrator.

- Family members just “checking in” with the IA
- Caregiver is also a vulnerable adult.
- Rosie exercise

# POSSIBLE INDICATORS OF PERPETRATORS

- Provides inconsistent or conflicting explanations about the older adult's injuries
- Isolates the older adult from family, friends and social activities
- Belittles, threatens or insults the older adult.
- Ignores the older adult's need for assistance or is reluctant to help the person.
- Does not speak to or provide companionship to the older adult

# POSSIBLE INDICATORS OF PERPETRATORS

- Controls and dominates the older adult and his/her activities, speaks for him/her, and is overly protective or defensive
- Handles the older adult roughly
- Abuses the older adult's pets
- Portrays self as victim or only caring person in older adult's life
- May be charming and helpful toward professionals and the victim while others are present
- Justifies and minimizes own actions
- Has a past history of being abusive



# INTAKE PROCESS

- Kansas Protection and Reporting Center (KPRC)—staffed 24/7 by intake workers who are Administrative Specialists. Their role is to obtain information regarding the allegations, alleged victim and alleged perpetrators. They are not social workers.
- Once the information in the report has been collected, the information is screened by a licensed social worker. The KPRC Specialist reviews the report, determines if it meets the criteria for an APS investigation or child abuse investigation. If it does, a response time is identified: 24 hour, 3 day or 5 day. The report is placed in the appropriate region's queue.
- KPRC supervisors have the final say in if an investigation can be closed after assignment.

*Reports can be made phone call, through the web, letter, fax*

# SCREENING IN REPORTS FOR FURTHER ASSESSMENT

Questions for the KPRC Specialists to answer to determine if the report is assigned for further assessment and if so, response time:

- Does the adult meet the definition of a vulnerable adult?
- Does the allegation meet one of the definitions of abuse/neglect/exploitation?
- Is it the responsibility of APS to investigate or is it another agency such as KDADS? \*PPM 10110\*. APS investigates community-based allegations, and KDADS investigates institutional based allegations.

# SCREENING IN REPORTS FOR FURTHER ASSESSMENT

- If the answer is “no” to any of these questions, the report is not accepted for further assessment and possibly referred to another agency (KDADS, KDOC, law enforcement, CSSPRC mailbox, another state). It is the role of KPRC to forward these reports.
- If “yes”, the KPRC Specialist will check in KIPS to determine if there is already an open investigation or a closed investigation that is/has addressed the current allegation. Self neglect reports are complex.
- The appropriate response time is determined. \*PPM 10120\*
  - 24 hours (meets criteria for imminent danger)
  - 3 working days (abuse, including fiduciary abuse)
  - 5 working days (self-neglect, neglect by caregiver)

# SCREENING IN REPORTS FOR FURTHER ASSESSMENT (CONT.)

- The report is then placed in the appropriate regions queue, ready for assignment.
- If the report is assigned for further assessment, it is the responsibility of the APS Specialist to send the report to CSSPRC or CSSMH mailbox. Some regions use their HSA to send information to the mailbox.
  - If the report involves or appears to involve an individual on a waiver or receiving CMHC service, send to CSSPRC or MHPRC mailbox.

# CLOSE AFTER ASSIGNMENTS

PPM 10216 is the Close After Assignment Policy. If assigned an investigation meets one of more of the following criteria:

- Not a vulnerable adult
- Allegation does not meet A/N/E
- Consumer to consumer in a CDDO-IDD group home and no indication of staff neglect
- Incident is currently being investigated
- Incident has been previously investigated
- Insufficient information to locate the IA
- Guardianship-only request
- Unable to locate IA
- Report is responsibility of another agency
- No statutory authority to investigate

# CLOSE AFTER ASSIGNMENTS, CONT.

- If any of the previous criteria is met, staff with supervisor. This needs to be done as soon as it is determined it should be a CAA. If the supervisor agrees, the request will be forwarded to the APA, and if APA agrees, the request will be sent to a KPRC supervisor. KPRC has the final say.
- If most of the investigation has been completed, may need to go ahead and complete the investigation and make a finding (i.e. not a vulnerable adult, allegation does not meet criteria).

# REASONABLE EFFORT

PPM 10210 - Reasonable effort MUST be made by the APS Specialist when initiating the initial face-to-face assessment. Reasonable effort is considered 2 attempts. Phone calls or letters do not count as reasonable effort. Allowable reasons to not determine safety within required response time:

- The SW cannot locate the adult despite reasonable efforts
- The adult has left the state
- DCF has been directed not to proceed by the county/DA or law enforcement
- Adult refuses to cooperate
- Appointments were scheduled, but the person failed to keep appointments
- An act of God (weather or road conditions)

# PREPARING FOR THE INVESTIGATION

- Print off the PPS 10100 and 10110. Carefully review and highlight important points.
- Check in KIPS for previous reports and investigations.
- If possible, do a CLEAR check on the alleged perpetrator(s). HSAs in many regions do this for the worker.
- If the report involves or appears to involve an individual on a waiver or receiving CMHC service, send to CSSPRC or MHPRC mailbox.





# TIPS FOR SAFETY

- Trust your gut instincts.
- Do not be afraid to leave if you are uncomfortable.
- Take a mental note of the physical and mental state of household members.
- Keep a clear escape route, and stay close to the door.
- Remain calm if the situation starts to escalate.
- Bring a cell phone.
- Tell your coworkers where you are going and when they can expect you to return.
- Politely turn down offers of food and drink.
- Be aware of your surroundings.

# SAFETY/PREPARING FOR INVESTIGATION

- When reviewing the report, look for any indicators that there may be a safety concern: weapons? vicious animals? past, current criminal behavior on part of IA or alleged perpetrator? drugs?
- Is there a guardian or conservator? If so, he/she must be contacted first (unless they are the ALP).
- At that point, determine if visit will be alone, with another staff person, law enforcement, a KDADS Quality Management Specialist. If the report involves or appears to involve an individual on a waiver or receiving CMHC service, send to CSSPRC or MHPRC mailbox.
- Staff with supervisor if another staff person or law enforcement will be asked to assist with the visit.
- Where will the first visit (or attempt) be, IA's home, hospital, nursing home, another home?

# INVESTIGATION

- If unable to locate the IA, may contact:
  - The reporter
  - Collateral contacts (i.e. hospital, law enforcement, CDDO)
- In rare cases, a safety determination can be made by law enforcement or another DCF APS Specialist. However, the assigned APS Specialist must follow up with the IA as soon as possible. PPM 10210
- Unless law enforcement has asked APS to not proceed with its investigation, the finding must be made within 30 days.
- Often difficult to achieve—small number may exceed 30 days.

# INVESTIGATION

When completing an assessment, PPM 10224 is an excellent tool.

The following questions may be helpful in determining risk factors and safety of the adult:

- Does the adult express fear of the alleged perpetrator?
- Does the alleged perpetrator live with the adult?
  - If so, is the alleged perpetrator a caregiver for the adult?
- Does the adult have a safety plan?
- Does the adult have someone he/she can call if they need to or do they know how to call 911?

# INVESTIGATIONS

If at any time, there is a suspicion a crime has occurred, a report needs to be made to law enforcement using the PPS 10120.



# INVESTIGATIONS

When contact is made with the involved adult, the following is provided to the IA:

- PPS 10000- *Kansas Adult Protective Services*
- PPS 10205 or PPS 10208 - *Your Rights During and APS Investigation (This must be documented in KIPS)*
- APS Specialist's business card
- HIPPA information (KC Region only)

When contacting the ALP, the PPS 10240 *What Happens if you are Accused of A/N/E* must be provided—either in person or via mail or email. (This must be documented in KIPS)

# CRITICAL INCIDENTS

- PPM 10212 describes the process of a critical incident. In APS, a critical incident is defined as:
  - Any incident such as an adult death as defined below which may draw public, legislative, or media concern
  - An adult death is an adult who is subject of an APS investigation whose death is related or potentially-related to an allegation of abuse, neglect, and/or exploitation or an adult who received APS services dies under suspicious circumstance.
  - If something similar to this occurs with an IA, consult with your supervisor to determine if a critical incident report needs to be generated.

# CRITICAL INCIDENT

- The APA and APS Program Manager will review the situation and determine if a critical incident review may be warranted.
- The review includes the Regional Director, DCF Legal, DCF Secretary, Deputy Secretary of Family Services, PPS Program Director, APS Program Manager, APS APA.
  - Sometimes the APS Specialist/and or may call in.
- APS has very few critical incident reviews. There are approximately 2 to 3 a year.



# DEALING WITH RESISTANCE

- When approaching the IA, keep body language and verbal language in check.
- Take your time.
- Introduce yourself.
- Be respectful.
- Begin building rapport.
- Ask permission if you can come inside and visit with them.
- Be flexible.
- Determine if the situation is imminent, if not return at another time if it is, may need to call your supervisor, law enforcement or an EMT.

# INTERVIEWING THE INVOLVED ADULT

Building rapport is one of the most important parts of the interview. Tips to build rapport:

- Introduce yourself and use non-threatening words.
  - “ I am here following up on a concern about your safety/well being”
  - avoid “I am here to investigate you being physically abused by\_\_.”
- Separate IA from ALP.
- Explain what is going to happen during the interview and reassure your helpful intentions.
- If at all possible, sit down in front of the IA and at their eye level. Do not stand over the person.
- Start with non-threatening discussion—a pet, pictures of children, sports, collection (i.e. clowns, ceramic dogs, etc).

# INTERVIEWING THE IA

- Be patient. Give him/her time to answer.
- Give him/her your attention. Ask if it is okay if you take notes or type into the lap top while you talk.
- Refrain from being judgmental, discounting.
- Verify IA's information (name, DOB).
  - This is an opportunity to check on memory recall.
- Body language—eye contact (if culturally appropriate); lean forward and keep open body position.
- Try to read the IA—are they scared, in pain, hungry?

# INTERVIEWING THE IA. CONT.

- When interviewing the involved adult, NEVER reveal the name of the reporter or any information that would give the reporter away. Be careful when reading the report to the involved adult that you do not read it verbatim, as some situations give the reporter away as well.
- Attempt to obtain a written release (PPS-10210) from the involved adult or his/her guardian if you have to talk to collaterals, otherwise one is not required. This allows the APS Specialist to be able to access more information for the case for the adult, such as bank or medical records.
- Interview the IA before making contact with the ALP.

# QUESTIONS DURING THE INTERVIEW

- Begin the investigation portion of the interview with general, open-ended questions.
- Move into more focused open-ended questions as you build rapport.
- Use open-ended questions like: “Tell me more about...”  
“What did you do?”
- Use active listening: “So what I hear you saying is...”
- If the allegation involves an alleged perpetrator, let the IA know you will be contacting the ALP.

# INTERVIEWING

- Avoid leading questions, such as “your son hit you, didn’t he?”
- Be careful with use of the word “why”.
- If the IA does not want the ALP interviewed or interviewing the ALP may put the IA in danger, consult with your supervisor.

# INTERVIEWING IA AND ALP WITH SPECIAL NEEDS

- Language Barriers
  - Use a translator (not a random person).
  - Be sensitive to cultural communication styles.
- Hearing impaired
  - Eliminate background noise.
  - Position yourself directly in front of the person so they can see your face.
  - Keep sentence short.
  - Speak distinctly, slowly, and directly. Do not yell or exaggerate your words.
  - If appropriate, seek assistance with sign language resource.
  - Do not turn your head when talking.

*From Miller, C. Nursing Care for Older Adults: Theory and Practice, p 196*

# INTERVIEWING IA AND ALP WITH SPECIAL NEEDS, CONT.

- Visually impaired
  - Always identify yourself
  - Minimize distractions
  - Speak before handing the person an object
  - Provide best lighting- avoid glare or shadows
  - Make sure you have the person's attention before you speak

*From: Ebersole, P. and Hess, P. (1998) Towards Healthy Aging: Human Needs and Nursing Response, p 424-6*

- Cognitive Impairments/IDD
  - Use language at the IA's level- assess their language skills
  - Be as concrete as possible
  - Be Patient
  - Sit at their eye level
  - Identify yourself



# INTERVIEWING IA AND ALP WITH SPECIAL NEEDS

- IDD cont.
  - Avoid distractions.
  - Pause frequently.
  - May ask them to repeat what you said to ensure they understood
  - Good eye contact
- Mental Illness
  - Use short clear, direct questions.
  - Cover one topic at a time.
  - If the IA or ALP seems to withdraw, back off and wait a few minutes.
  - Be patient.
  - If the person is hallucinating or delusion, do not argue with them about it. Acknowledge how it may be making them feel.
  - Good eye contact

# INTERVIEWING IA AND ALP WITH SPECIAL NEEDS, CONT.

- Dementia
  - Speak clearly, use short sentences
  - Keep eye contact
  - Give him/her time to respond
  - Acknowledge what the person says, even if it has nothing to do with your question.
  - Keep answers to your questions short.
  - Be patient—try not to interrupt.
  - Minimize environmental distractions.
  - Do not argue with them .



# DEMENTIA/CAPACITY ISSUES

- APS cannot complete a formal capacity evaluation, however SWs can request a capacity evaluation be completed by medical or psychological personal.
- APS can look for indicators that may flag a potential need for further assessment.

# DEMENTIA/CAPACITY ISSUES

Some indicators to look for:

- Memory loss
- Difficulty planning
- Difficulty with language and comprehension
- Poor judgement
- Disoriented
- Short attention span
- Personality changes
- Do they know basic information? name, date of birth, address?

# INTERVIEWING THE ALLEGED PERPETRATOR

- Probably the least favorite part of the investigation for most APS Specialists
- Interviewing the ALP or providing an opportunity for the ALP to be interviewed is necessary to conduct a complete investigation.
- Prior to interview, anticipate what the response of the ALP may be, formulate some questions
- Identify yourself and agency—bring business card, show ID and provide the PPS 10240 (review if possible).
- Maintain personal space.
- Do not use defensive communication skills, such as “why?” or “you should know”.

# INTERVIEWING THE ALLEGED PERPETRATOR

- Do not prejudge or make assumptions.
- Do not use emotionally charged words, i.e. guilty, abuser.
- Do not put down or embarrass.
- Stay calm and pleasant.
- Listen to their concerns and acknowledge their concerns and feelings.
- Do not be accusatory.
- This is not a police interrogation.

# APS RESOURCES AND COLLABORATION OUR COMMUNITY PARTNERS

- Kansas Department for Aging and Disability Services (waivers)
- Kansas Guardianship Program
- Law Enforcement
- Area Agencies on Aging
- Community Mental Health Centers
- State Hospitals (Osawatomie, Larned)
- Office of the Attorney General
  - Abuse, Neglect and Exploitation Unit
  - Medicaid Fraud Unit- PPM 10700
- Managed Care Organizations (MCO) United, Sunflower, and Amerigroup
- Nursing Homes
- Reporter of the allegations



# COLLABORATION

- Why is collaborating with community stakeholders and providers important?
- Reasons for collaborating:
  - Assist in obtaining evidence regarding the allegations being investigated
  - Make referrals
  - Follow up on referrals- Did the service start? How is it going?
  - Problem solve around difficult cases
  - Develops relationships with community partners
- Ways to collaborate:
  - Emails
  - Phone Calls- conference calls
  - Meetings
  - Letters
- When collaborating with partners, confidentiality of the involved adult must be considered.
- There is an Interagency Agreement between KDADS and APS to allow for free flow of information related to an investigation



# APS EMERGENCY FUNDS

- PPM 10512 and PPM 10900
- To be eligible for emergency fund assistance:
  - Must be over 18 and not in custody of DCF
  - Reside in the community
  - Must have an open APS investigation
  - No other existing resources to help with the emergency situation
- Obtain supervisory approval.
- Complete the PPS 2833 (H.S.A. may assist with completing).
- Document everything in KIPS.

# HCBS WAIVERS

- FE- Frail Elderly
- PD- Physically Disabled
- IDD- Intellectual Developmentally Disabled
- TBI –Traumatic Brain Injury
- SED- Severely Emotionally Disturbed (only till age 18, possible exception to 21)
- TA- Technology Assisted

Contact Local ADRC sites for referrals for assessments for waived services.

# DOCUMENTATION

- Is one of the most important piece of an investigation
- Proper documentation legally and ethically protects the worker and the agency (BSRB, KAR 102.2.7 ii (1-9))
- “If it is not documented, it did not happen.”
- Documentation should be concise—answers who, what, when, why and how.
- Documentation needs to be to the point, avoid extra words, and relevant to the investigation.
- Be aware of your own values and biases.
- Documentation should be written so that anyone could look in KIPS and know the history.

# DOCUMENTATION

Documentation should be:

- Accurate
- Complete
- Timely (within 5 days of the activity per policy)
- If using photographs, take identifying picture, then move in by thirds.
- Use non-judgmental wording. Unless a direct quote from someone is being documented. For example: lazy, drunk, rude, controlling/manipulative, ugly or evil

**Case Record Diet Exercise**

# HELPFUL DOCUMENTATION TIPS

- **Do**
  - Use “Involved Adult stated” rather than “Involved Adult alleged”.
  - Build the case on fact not opinion.
  - Write in a way that can refresh your memory and bring you back to the situation.
- **Avoid**
  - The word “story”.
  - Labeling: no opinions or biased language
  - Wording that appears to be diagnosing a condition

# EXCERPT

- **3.04 Client Records**
- (a) APS Specialists should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- (b) APS Specialists should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
- (c) APS Specialists' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
- (d) APS Specialists should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

*(National Association of APS Specialists Code of*

# DOCUMENTATION

- Difference between objective and subjective descriptions
- What should not be a part of the file:
  - Personal notes
  - Scraps of paper
  - Irrelevant statements/documents
- Can document in 1<sup>st</sup> or 3<sup>rd</sup> person—does not matter, just needs to be consistent
  - First person: “I observed the involved adult trying to get out of their chair and was unable to without assistance.”
  - Third person: “This worker observed the involved adult trying to get out of his chair and was unable to without assistance.”

## **Rat Feces Exercise**

# CORRECTIVE ACTION PLANS

- May **only** be considered in fiduciary and exploitation cases
- Must be staffed with your supervisor
- The PPS 10250 must be completed with the perpetrator.
- The paper version of the PPS 10300 must be used.
- If a corrective action plan is successfully completed, the finding will be changed from “substantiated” to “unsubstantiated” and the perpetrators name will not be placed on the Adult Abuse Registry.
- Timeframe for a CAP must not exceed 6 months. Approval from APS Administration required for beyond 6 months.
- Requires monthly monitoring to track payments to the involved adult and noted in KIPS.

*PPM 10315*



# SERVICE PLANS

- Service plans can be opened for the following reasons:
  - Additional services or assistance are needed after the finding has been made (i.e. assistance with applying for Medicaid, long-term care placement, new housing.)
  - Guardianships (required)
  - Any ongoing monitoring or follow-up needed to help ensure involved adult's continued safety
- Must involve involved adult or guardian in planning and agreement.
- Service plans must be opened within the 30 days after an investigation has been assigned. Service Plans are located in KIPS system.
- Service plans must be reviewed with supervisor every 60 days and must be documented in KIPS.
- Service plans may remain open for as long as need be, but must be renewed every 180 days.

# HANDBOOK FOR CLIENT SERVICES

[http://dcfnet.dcf.ks.gov/PPS/Documents/Resources\\_PPS/HandbookforClientPurchases.pdf](http://dcfnet.dcf.ks.gov/PPS/Documents/Resources_PPS/HandbookforClientPurchases.pdf)

- PPM 10900 explains this process. PPS 2833 must be completed.
- HSAs will most likely complete the form for the workers.



# GUARDIANSHIP/CONSERVATORSHIPS

- Reports requesting guardianships only, and the individual is in the nursing home or hospital, APS does not have the authority. The criteria to conduct an APS investigation must be met.
- Obtaining guardianship is a part of the APS intervention to ensure the adult is protected. Guardianship should be last option
- There are limitations to a guardianship—often this does not resolve all the issues with the IA.
- In most court jurisdictions, a capacity evaluation indicating a lack of capacity must have been completed in the IA within the past year before a hearing can be held.

# GUARDIANSHIP

- A private guardianship should be the first option to explore. Does the IA have someone who is willing to serve as a guardian?
- If not, a referral to KGP may be appropriate.



# KANSAS GUARDIANSHIP PROGRAM

## Criteria for a KGP Referral:

- The APS part of the PPS 10610 must be completed and sent to KGP
- Must have an open APS investigation/service plan
- Be an adult
- No family or friends to assist in serving as a guardian
- Be Medicaid-eligible or at 150% of poverty level
- KGP will match the IA based on availability of volunteer guardians

# APPOINTMENT OF A GUARDIAN

Once a guardian has been appointed:

- Provide a copy of the letters of guardianship to KGP.
- Provide a copy of the letters to the Regional Attorney.
- Scan and place all information in KIPS Notes Section.
- The service plan may be closed if there are no other unmet needs for the adult and the guardianship is in place.



# CASE FINDINGS

- Must be made within 30 days of assignment of the investigation. The case does not have to be closed within 30 days
- One exception—when LE has asked APS to not move forward with their investigation until they have given the okay. Request an extension.
- There will most likely be late findings, especially fiduciary abuse investigations.
- Clear and convincing threshold of evidence—the truth of the facts asserted is highly probable.
- Guidelines for making findings: PPM Appendix 10 B
- Interviewing the alleged perpetrator—review the 4 scenarios on the next slide.

# SUBSTANTIATIONS AND NAMING PERPETRATORS

## 4 Scenario's for Substantiations:

1. The APS Specialist interviews the perpetrator, incident meets standard of proof, finding made, notification sent, perpetrators given due process to prior to name being placed on the registry.
2. The ASP Specialist attempts numerous contacts following policy guidelines (letter, phone etc.), and perpetrator refuses to meet, incident meets standard of proof, finding made, notification sent, perpetrator given due process prior to name being placed on the registry.
3. The APS Specialist cannot locate the perpetrator, incident meets standard of proof, finding is made with unknown perpetrator, notification is not sent to the perpetrator, no due process, names DO NOT go on the registry.
4. The APS Specialist cannot interview ALP due to putting IA at risk, staffed with Supervisor, incident meets standard of proof, finding made with unknown ALP, notification is not sent to ALP, names DO NOT go on the registry.



# FINDINGS, CONT.

- All findings must be staffed with supervisor.
- Staffings shall be face to face or completed over the phone. Staffing via emails is not recommended.
- Minimally, the initial face-to-face interview, interview with ALP and other collaterals must be documented in KIPS prior to the staffing.
- The finding date is the date of the staffing.
  - After entering the finding into the system, send the PPS 10300 to the alleged perpetrator **within 5 days** of making the finding. If contacting the alleged perpetrator would put the involved adult at further risk, staff with your supervisor.

# NOTIFICATION OF FINDINGS- PPM 10320

- Notice of Agency Decision is sent within 5 days of the finding to the alleged perpetrator(PPS 10300).
- Notify the IA by writing, phone call, or in person. Document in KIPS when and how the the IA was notified. If in writing, use PPS 10320 ( A or B).
- Attorney General's Office—substantiations only (excludes self neglect)
  - Complete the DCF fax coversheet PPS 10370.
  - This must be done within 10 days of the finding.
  - Required by statute
- If applicable, notify guardian/conservator.
- Notify Law Enforcement using the PPS 10350 (substantiations only).
- If on a waiver or has an identified mental health history, notify CSSPRC or MHPRC mailbox.

# APPEALS/DUE PROCESS

It is okay if someone appeals your substantiated finding

- Per K.S.A. 30-7-68 People have the right to request an appeal on a decision made by the Secretary of DCF.
- A request for an appeal must be in writing and received by DCF or Office of Administrative Hearings within 33 days of the PPS 10300 being sent.
- The request can be a simple note or a more in-depth request (i.e. attorney letter). But must be in writing. If someone calls wanting to request a hearing, they must be directed to do that in writing.

# FAIR HEARINGS/DUE PROCESS

- After the appeal hearing request has been received, staff with the Regional Attorney the request. At this time, the agency may determine to reverse the finding. If so, follow process in PPM 10331.
- If notified that an appeal hearing has been requested you or your supervisor will be notified, a PPS 10330 must be completed—usually within 15 days of the request for a fair hearing.
- APS Specialist shall send one copy of the appeal summary to the appellant or appellant's representative and one copy to OAH for filing.



# FAIR HEARINGS, DUE PROCESS

- Upon receiving the appeal summary, the OAH will schedule the hearing.
- DCF Regional Attorney can review the case and review the appeal summary. However, if the appellant is not represented by legal counsel, the DCF Regional Attorney may not be a part of the OAH. If the/she did obtain counsel, the DCF Regional Attorney may assist at the hearing. PPM 10335
- The appeal process can go all the way to the State Supreme Court (no history of this with APS). PPM 10340

# FAIR HEARINGS/DUE PROCESS

- PPM 10345. If ultimately the finding of substantiation is upheld, the name will go on the registry.
- If the finding is reversed at anytime during the fair hearing process and DCF chooses to not appeal the hearing, than notification of the reversal must be sent out. PPM 10331 (B)

# CENTRAL REGISTRY

## PPM 10400 and 10410

- Perpetrator's name is placed on the APS Adult Abuse Registry after the appeal period has expired or the finding was upheld after appeal hearing(s) or there never was an appeal filed and the 33 days is up.
- If the perpetrator was a licensed provider, the PPS 10360 shall be completed and sent to the licensing agency, (i.e. Board of Nursing, BSRB) after the appeal period.
- Within 5 days after the appeal period or final decision is made/upheld, the PPS 10310 Notification to Regional ANE Registry Contact is completed and forwarded to the designee (usually the H.S.A.) **\*Very important this is not left out\***
- Many care agencies (especially those licensed by KDADS) require registry checks.
- Not a criminal registry/record

# CENTRAL REGISTRY

- Designated individuals in PPS Administration check the registry, APS staff is not required to do this.
- After 3 years on the registry, the perpetrator may request an expungement hearing.
- The region that conducted the investigation will complete a form and submit to the APS Expungement Panel.
- One APS representative from that region will call in
- After the hearing, a recommendation is made and sent to DCF Executive Team. The Secretary of DCF makes the final decision.



# RESOURCES

APS Data Reports:

<http://www.dcf.ks.gov/services/PPS/Pages/APSReports.aspx>

APS Policies:

<http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/>

APS Forms:

<http://www.dcf.ks.gov/services/PPS/Pages/10000Forms.aspx>

APS Statutes:

[http://www.dcf.ks.gov/services/PPS/Documents/PPM\\_Forms/Appendices/Appendix\\_10A.pdf](http://www.dcf.ks.gov/services/PPS/Documents/PPM_Forms/Appendices/Appendix_10A.pdf)

# WRAP-UP

- Questions?
- Post-test
- Complete feedback survey

