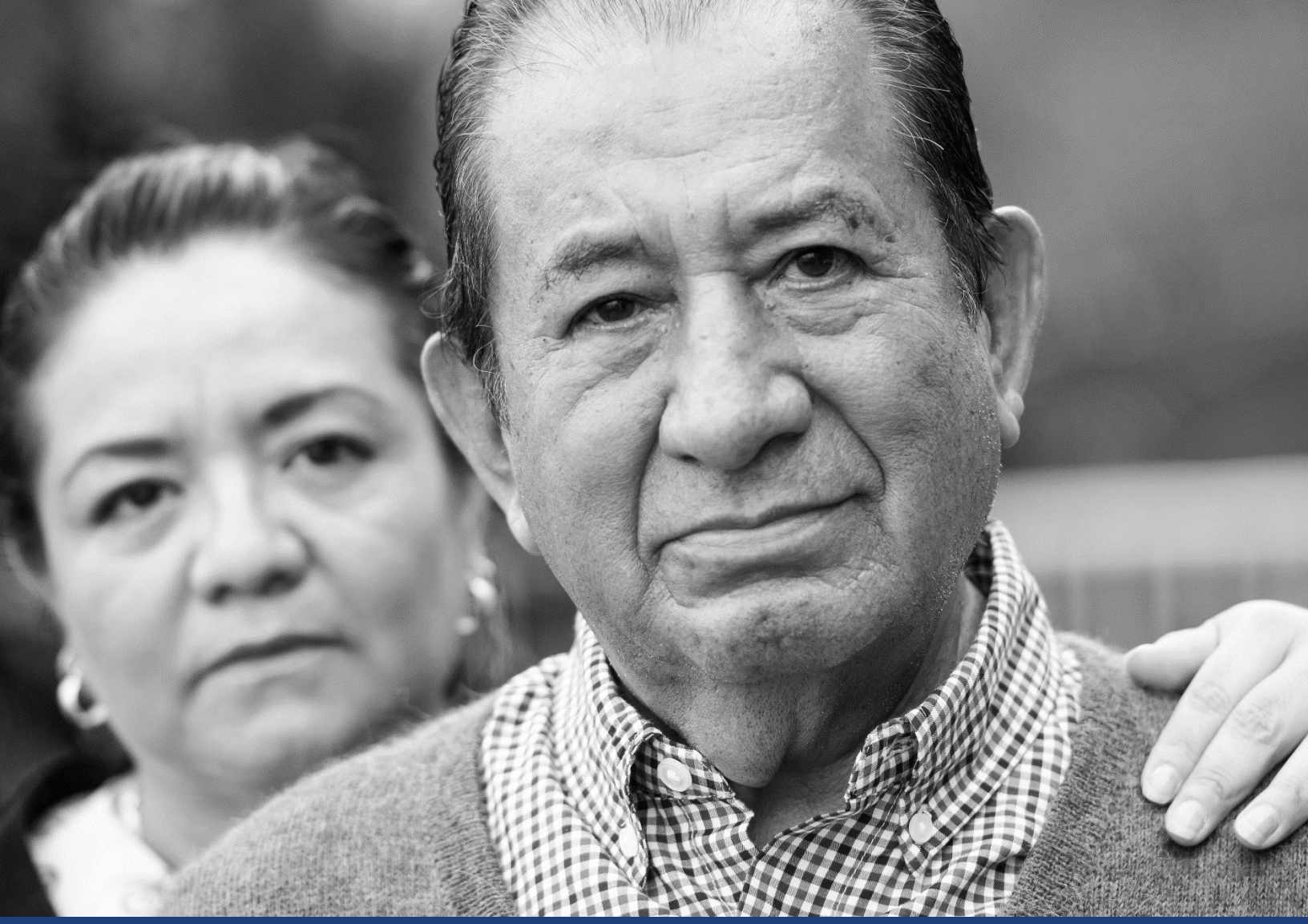


ADULT PROTECTIVE SERVICES MANUAL

Kansas

Department for Children and Families

Adult Protective Services

Table of Contents

Introduction and Purpose of the Manual

The purpose of this manual is to provide a holistic training guide for Adult Protective Services (APS) line staff and interns related to their daily practice. However, we recognize that supervisors, administrators, stakeholders, and other community members may seek information about the internal practices of APS. With that in mind, this manual was designed to be accessible to a wide audience.

Staff and stakeholders should continue to access the Prevention & Protection Services (PPS) Policy and Procedure Manual for current policy language. Throughout the manual, relevant statute, policy, and/or forms associated with that section are listed above the text. These sources supersede the information in this section.

This manual is based on the "Kansas Adult Protection Resource Guide: Strategies to Assist Adult Protective Service Workers with Assessment and Intervention of Adult Maltreatment", published by the Kansas Department of Social and Rehabilitation Services in April 1997.

Background and Context

APS Structure

While elder and dependent adults have been at risk for abuse, neglect, and exploitation throughout human history, the United States first identified elder abuse as a social problem requiring government intervention in the late 1960s, prompting the enactment of federal and state laws. Originally, the abuse, neglect and exploitation of older adults was viewed as an aging issue. Now, elder abuse and neglect is viewed as an issue of family violence and crime.

In 1980, Kansas passed legislation defining adult abuse, which led to the state providing protective services to elderly and disabled adults who were abused and unable to protect themselves or access services on their own behalf. By 1988, all 50 states had some form of legislation addressing adult abuse. However, there is still significant variation between states' Adult Protective Services operations nationwide.

In Kansas, the Department of Children and Families (DCF) Prevention and Protection Services Division houses APS, the program responsible for responding to reports of abuse, neglect or financial exploitation of Kansas adults age 18 and older who are unable to protect themselves. This includes adults with physical, emotional or mental impairments. Vulnerable adults who are identified and in need of assistance in dealing with abusive, neglectful or exploitive situations are provided services with their consent, if they reside:

- in Kansas communities;
- in community-based facilities; and/or
- facilities licensed by the Kansas Department for Aging and Disability Services (KDADS) when the perpetrator is not a resident of the facility or a staff member of the facility.

The three-tiered role of APS includes:

1. Determine safety for the involved adult (IA).
2. Investigate the allegations and make a finding.
3. Develop a plan that will help ensure safety of the IA.

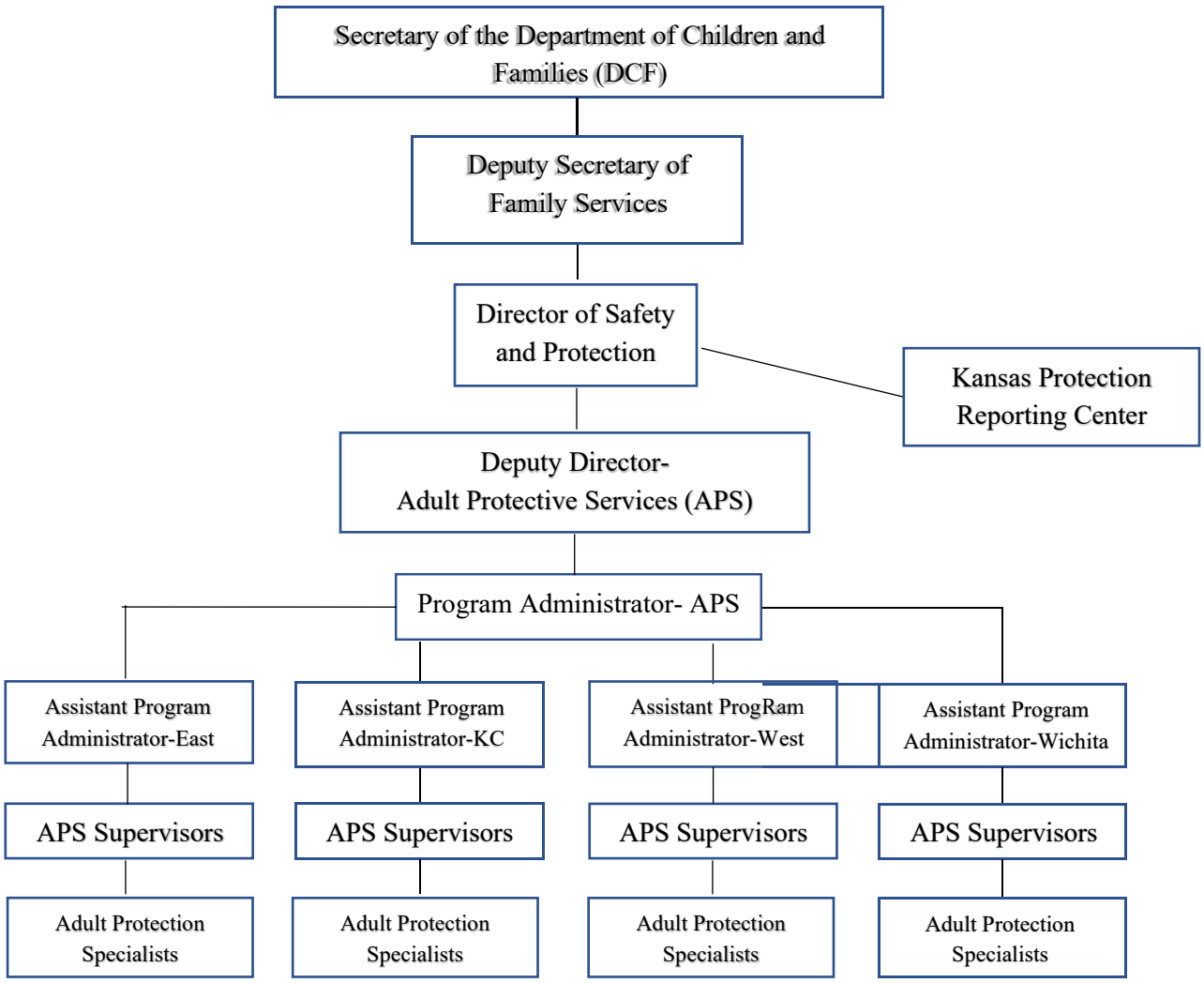
Each component from the three-tiered role is complex and will be detailed throughout this manual, including the intake/screening process, how an investigation is conducted, how to complete an assessment, making a finding, and planning for services for the IA.

For statistical information about reports received, contact with the IA, and investigation findings, visit the Adult Protective Services Reports website.

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.

Staff Roles

Below is a chart of APS roles, with more detail provided under the chart:



A *Kansas Protection Reporting Center Specialist* is responsible for:

- Completing the intake process by taking reports of suspected adult abuse, neglect, and/or financial exploitation and gathering additional information from collateral contacts to make the initial assessment;
- Completing the screening process using assessments and documentation gathered during the intake; and
- Determining if a report is to be assigned to APS for further investigation or not assigned.

Adult Protection Services Staff (not listed in the org chart above):

- *Human Service Assistants (HSA's) & Family Support Coordinators are responsible for:*
  - Supporting regional casework activities such as: Assigning reports, case closure activities, case management activities;
  - assisting with Service Plans to continue engagement with the involved adult;

- assisting with follow-up case activities; and
- completing fiscal reports to include 2833's and coordinating service delivery.

- *APS Learning Development and Training Specialist is responsible for:*
  - Onboarding new APS staff through the development of an APS training curriculum.
  - Develop, organize, and conduct APS trainings, evaluate training programs, create teaching materials; and
  - Teach new skills such as computer applications (KIPS); and
  - Review APS policies and procedures; and
  - Work in coordination with APS leadership to support new learning initiatives.

An *Adult Protection Specialist* is responsible for:

- Receiving assigned reports when vulnerable adults are suspected of being abused, neglected, and/or financially exploited and establishing contact with the IA;
- Determining safety for the vulnerable adult, including making timely collaborative contacts with law enforcement, medical staff, mental health providers and other service providers to assess forsafety;
- Determining a finding through assessment and investigation;
- Providing referrals and protective services to prevent maltreatment of a vulnerable adult; and
- Preparing accurate and timely documentation into the Kansas Intake/Investigation Protection System (KIPS), including case activities, assessments, investigations, findings and required notices, adult service plan, and all other information gathered.

An *Adult Protection Supervisor* is responsible for:

- Organizing workflow, which includes making work assignments and adjustments;
- Providing leadership, guidance, and direction to staff regarding policy, procedure, and management;
- Interviewing, hiring, evaluating, and effectively managing staff;
- Creating a productive, supportive environment that encourages staff development and recognition of efforts;
- Conducting case file reviews to ensure program outcomes, deadlines, eligibility determination, and standards for accuracy are met;
- Identifying service gaps and needs and developing needed service; and
- Explaining relevant policy, organization changes, and vision/mission and goals of APS to staff.

An *Assistant Program Administrator* is responsible for:

- Providing leadership, guidance and direction to APS supervisors and staff;
- Managing expectations regarding performance and conduct, and confronting issues that arise;
- Ensuring training and resources are available and supportive of skill development;
- Promoting positive organizational change through processes, tools, education, recognition and communication;
- Overseeing the implementation of service programs and assigning tasks to maintain the efficiency and effectiveness of services;
- Coordinating and collaborating with community partners; and
- Assisting in the management of resources, including the emergency funds allocation.

The *Program Administrator* is responsible for:

- Coordinating with Assistant Program Administrators to maintain the efficiency and effectiveness of the delivery of services;

- Identifying needs and trends;
- Maintaining compliance with all applicable statutes, regulations and policies;
- Planning and implementing APS service delivery and monitoring effectiveness;
- Analyzing operations to assist, advise and train program personnel;
- Speaking to groups and organizations regarding APS services; and
- Assisting Assistant Program Administrators and APS supervisors with staff guidance and supervision.

The *Deputy Director* of APS is responsible for:

- Oversees strategic direction of the APS Program. Monitors program performance and maintains accountability with DCF Leadership and APS Advisory Board.
- Managing program and policy development for APS statewide and oversees financial and regulatory reporting to local, state, and federal partners.

Partner Agencies

The following list represents some of the agencies that APS staff commonly partner with throughout the course of their work. This list is not all-inclusive. Specific partners may be discussed in more detail throughout the manual and include, but are not limited to:

- Long-Term Care Providers, such as Area Agencies on Aging, long-term care facilities, and Independent Living Centers
- Hospitals
- Primary Care Physicians
- State Hospitals
- Legal services
- Kansas Guardianship Program
- Law Enforcement
- Prosecutors
- Attorney General's Office Medicaid Fraud and Abuse Division
- Attorney General's Office Fraud and Abuse Litigation Division
- Kansas Department of Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)
- KDHE liaison for Medicaid
- Managed Care Organizations (MCOs)
- Long-term Care Ombudsman
- Waiver providers
- Senior Resources Centers
- Community Development Disability Organizations (CDDO)
- Veteran's Administration
- Hospice
- Mental Health Centers
- Homeless shelters
- Non-profits
- Banks

Target Population

*The statutes associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statutes: K.S.A. 21-5417
K.S.A. 39-1430
K.S.A. 39-1803
K.S.A. 59-2946

In accordance with K.S.A. 39-1430(a), the target population of APS are those who meet the following 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...".*

Adults who are older, adults living with disabilities, and dependent adults are at heightened risk for abuse, neglect, and/or exploitation.

Older Adults

Elder adults, also known as older adults, are the fastest-growing population in the United States, living longer and healthier lives than ever. Aging is a normal, natural process that is cumulative, in that a person's experiences throughout life impact their well-being into older adulthood (Frameworks Institute, 2020). Those lifelong experiences are impacted by the health, ability, income, education, family of origin, gender, gender identity, race/ethnicity, culture, sexual orientation, and other identities of the aging adult.

Some age-related changes can result in a decline in functioning of the senses and daily life activities, and higher vulnerability to disease, frailty or disability (U.S. Department of Health & Human Services, 2020). However, aging adults are often highly independent and functional, even when experiencing natural biological changes. In other words, being an older adult does not automatically mean a person is a vulnerable adult.

People with Disabilities

According to the Center for Disease Control and Prevention (2019), 24.7% of adults in Kansas have some type of disability. Disabilities can be present at birth, related to an injury, caused by a health condition, and/or progressive or intermittent throughout life. Disabilities may include but are not limited to:

Physical Disability: A physical disability affects an adult's mobility, physical capacity, stamina or dexterity. It may be congenital (i.e. a person is born with the physical disability) or acquired from illness, a medical condition or an accident.

Examples of specific diagnoses of physical disability include epilepsy, cerebral palsy, multiple sclerosis, spina bifida, or cystic fibrosis.

Developmental disability: According to the Centers for Disease Control and Prevention (2020), developmental disabilities are "a group of conditions due to an impairment in physical, learning, language, or behavior areas."

Developmental disabilities begin during the developmental period in childhood and typically impact day-to-day function in a variety of ways, depending on the type of developmental impact.

Examples of specific diagnoses that are considered developmental disabilities include: attention deficit/hyperactivity disorder (ADHD), autism spectrum disorder, cerebral palsy, learning disability, or intellectual disability (detailed below).

Intellectual disability: One type of developmental disability is intellectual disability. According to the American Association on Intellectual and Developmental Disabilities (2021), intellectual disability is "characterized by **significant limitations in both intellectual functioning** and in **adaptive behavior**, which covers many everyday social and practical skills." Intellectual functioning refers to mental capacity for things such as learning, reasoning, and problem solving. Some examples of adaptive behaviors include:

Conceptual skills, such as literacy, self-direction, and/or concepts of money or time

Social skills, such as social responsibility, interpersonal communication, problem solving, and/or ability to follow rules and laws

Practical skills, such as personal care (eating, dressing, toileting), preparing meals, taking medication, transportation, and/or use of the phone.

Examples of specific diagnoses that are considered intellectual disabilities include: fetal alcohol syndrome or genetic chromosomal conditions like Down syndrome. Intellectual disabilities can also be caused by injury or disease, such as a head injury or stroke.

Mental Illness: According to the American Psychiatric Association (2018), mental illness includes "all diagnosable mental disorders", which are health conditions involving significant changes in thinking, emotion, and/or behavior, **and** distress and/or problems functioning in social, work or family activities.

Examples of specific mental diagnoses include: anxiety disorders, depression, dissociative disorders, eating disorders, obsessive-compulsive disorder, personality disorders, posttraumatic stress disorder, schizophrenia, bipolar disorder, and substance use disorders.

Dual diagnosis: A person with a dual diagnosis has both an intellectual or development disability and a mental health diagnosis.

Blindness and visual impairment: A visual impairment occurs when a person's eyesight cannot be corrected to 20/20 vision, which may mean the eye does not see objects as clearly and/or the eye cannot see as wide an area without moving the eyes or turning the head (University of Pittsburg, 2021). Visual impairment may be a developmental disability, caused by injury, or progressive due to illness or aging.

Deafness and hearing loss: According to the World Health Organization (2021), a disabling hearing loss is greater than 35 decibels in the better hearing ear, with "normal" hearing defined as hearing 20 decibels or better in both ears. Deafness or hearing loss may be a developmental disability, caused by injury, or progressive due to illness or aging.

Dependent Adults

A dependent adult is an individual 18 years or older who is unable to protect their own interest. This could be an adult who lives alone, with a caregiver, or in a facility such as a psychiatric facility, medical facility, residential facility or care home.

Abuse, Neglect and Exploitation Overview

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430

Persons of all races, ethnicities, cultures, religious beliefs, sexual orientation, gender identities, and socio-economic levels may become victims or perpetrators of abuse, neglect, or exploitation.

Abuse

Types of abuse seen in APS work may include **physical, sexual, or emotional/psychological abuse**.

Physical abuse- A physical act that causes physical pain or injury. Potential indicators of physical abuse could include:

- Bruises, black eyes, welts, lacerations and/or rope marks
- Bone fractures, broken bones and/or skull fractures
- Open wounds, cuts, punctures
- 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 underutilization of prescribed drugs
- Injuries in various degrees of healing
- Patterned injuries caused by an object
- Injuries in locations NOT 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

(National Adult Protective Services Association, 2010)

Sexual abuse: This may include touching, fondling, intercourse, or other sexual activities. Potential indicators of sexual abuse may include:

- 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”

(National Adult Protective Services Association, 2010)

Emotional/psychological abuse- The use of verbal interactions and non-physical actions to manipulate, harm, frighten and ultimately control the victim. Psychological abuse is believed to be the most common of all types of

abuse but is also the most difficult to detect as it is lacking in many concrete indicators. Types of psychological abuse may include, but are not limited to:

- Humiliation
- Degradation
- Ridiculing
- Shaming
- Gaslighting or making the vulnerable adult feel "crazy"
- Calling names/insults
- Using threatening looks or actions
- Using the "silent treatment"
- Isolating from family, friends, and other supports like medical services, religious institutions, etc.
- Denying access to phone, mail, computer or assistive devices
- Threatening isolation, physical or sexual violence, suicide, institutionalization, withholding medical or other supplies
- Destroying property
- Taking or withholding walker, wheelchair, cane, dentures, glasses, medicine, or other necessary items

Neglect

According to the National Association of Adult Protective Services (2021), neglect is a form of mistreatment resulting from inadequate attention. This can include physical neglect, emotional neglect or abandonment.

Potential indicators of neglect may include:

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

Self-Neglect, or "the refusal or failure to provide oneself with care and protection in areas of food, water, clothing, hygiene, medication, living environments, and safety precautions" is the primary type of elder abuse reported to APS nationwide (Dong, 2017, p. 949-950). This is an action or inaction on the part of the vulnerable adult that brings harm to themselves or has the potential to risk their health and/or safety. The indicators for self-neglect are the same as the Neglect indicators above, so it is important to thoroughly assess the cause when neglect is apparent.

Financial Exploitation

Financial exploitation occurs when a caregiver or another individual misuses or takes the assets of a vulnerable adult for their own personal benefit (National Adult Protective Services Association, 2021). This may include the use of coercion, intimidation, harassment, duress, deception, false representation or false pretense.

Potential indicators of financial abuse/exploitation may include:

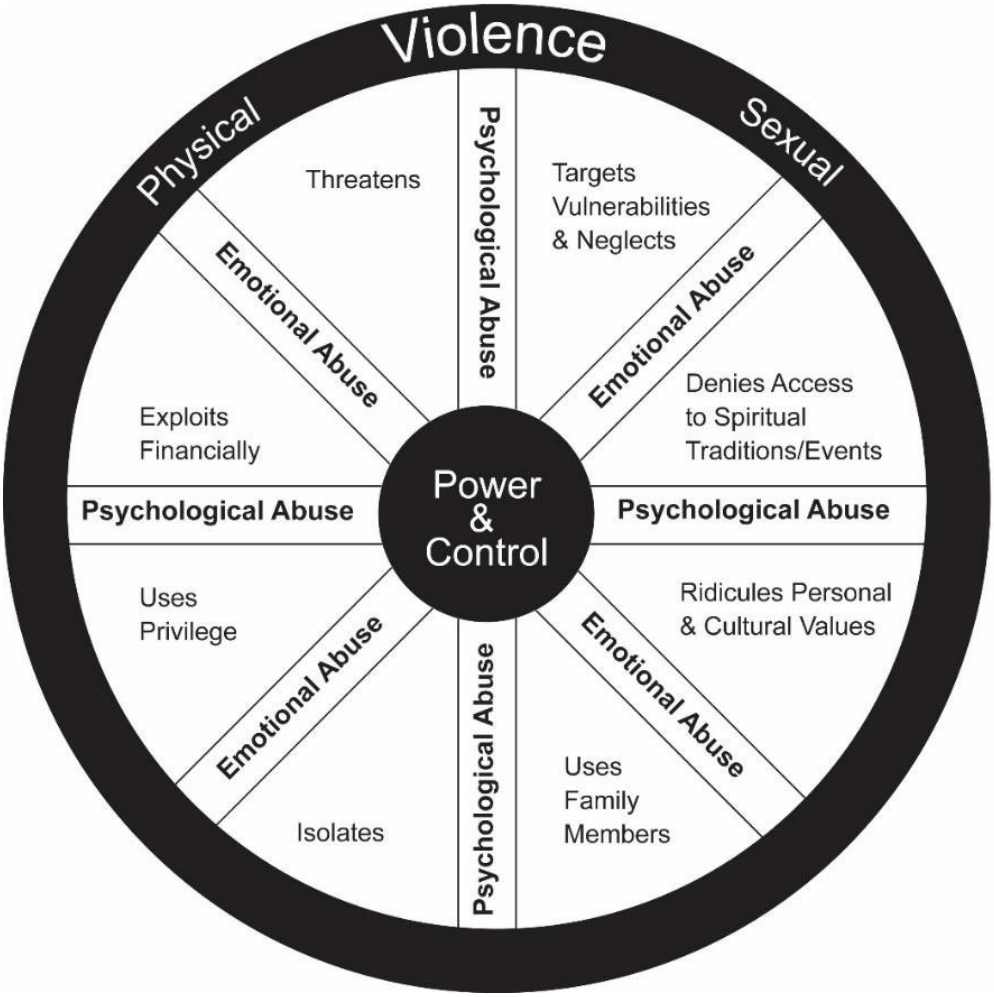
- The older adult is unaware of monthly income and bills;
- Changes in bank accounts or banking practices;
- Abrupt changes in a will or estate plan;
- Important possessions, documents or credit cards are missing;
- Bills are unpaid, or bills are paid more than once;
- Mail is redirected to a different address or someone "gets" the mail;
- Disappearance of money or valuable possessions;
- Unusual bank or credit card activity, or activity the adult is not aware of;
- 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;
- Unusual spending in large quantities
  (National Adult Protective Services Association, 2010)

Abusive Dynamics

Perpetrators of abuse, neglect, and exploitation of elder and other vulnerable adults are more likely to be:

- Current or former intimate and/or dating partners;
- Family members;
- Caregivers;
- Friends;
- People in positions of trust, like guardians, attorneys, or clergy; and/or
- People who are financially and/or emotionally dependent on the victim.

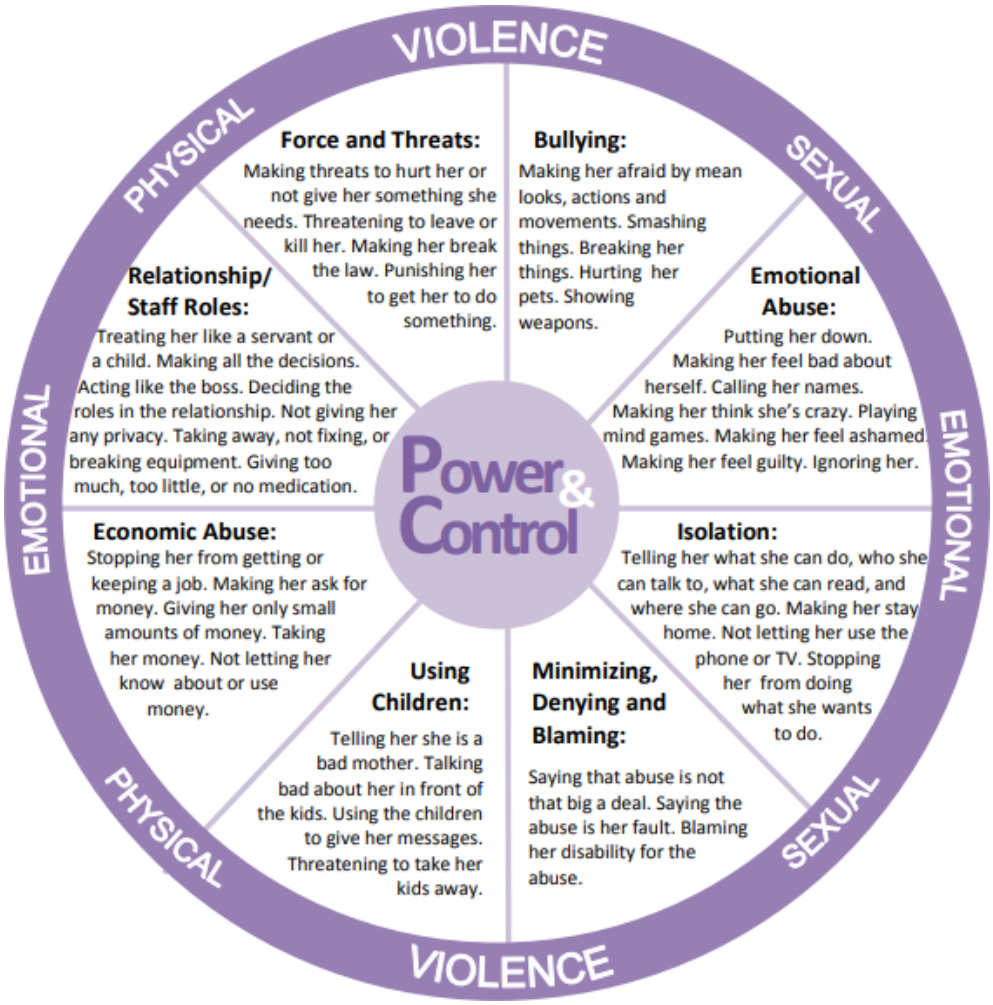
The National Clearinghouse for Abuse in Later Life adapted the Duluth Power and Control Wheel, a tool widely used to illustrate tactics of domestic violence perpetrators, to the Abuse in Later Life Power and Control Wheel:



Created by the National Clearinghouse on Abuse in Later Life (NCALL), Madison, WI • www.ncall.us
This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN • www.duluth.model.org

The Power and Control Wheel illustrates the pattern of tactics that the perpetrator uses to gain and maintain power and control over the victim. The inner spokes of the Wheel illustrate emotional and psychological abuse used, many types of which are listed in between the spokes (and explored in more detail in the last section). These tactics are typically subtle, continued behaviors that may be difficult to see, either by the victim or for the APS worker. Physical and sexual violence, represented by the outer ring of the Wheel, may be a constant threat or may be used rarely (or not at all), particularly if power and control can be maintained with emotional and psychological abuse.

Project Peer, a part of Washington D.C.'s Quality Trust for Individuals with Disabilities, created a similar wheel focused on the abuse of people with developmental disabilities or mental health issues. The wheel (below) uses the pronouns "she/her" when referencing the victim of abuse, neglect, and exploitation; please note, the contents of this wheel also apply to men or transgender/gender fluid/queer individuals with developmental disabilities or mental health issues who are victimized. In other words, the contents of the wheel apply to all genders, even though the pronouns are female-specific.



This diagram is based on the Power and Control wheel developed by the Domestic Violence Intervention Project, Duluth, MN, and the Abuse of People with Developmental Disabilities by a Caregiver wheel developed by the Wisconsin Coalition Against Domestic Violence, Madison, WI.

The use of these tactics by an abuser creates a dynamic of manipulation, intimidation, confusion, and/or fear for the victim. As a result, the victim may not realize they are being abused, or may be afraid to report or be truthful during an investigation. Some ways abusers may act in their own self-interest include:

- Minimizing their behavior
- Making excuses or justifying their behavior
- Lying to and manipulating family, friends, and investigators
- Appearing charming and helpful to professionals
- Requesting sympathy
- Blaming the victim

(National Adult Protective Services Association, 2010)

Sometimes, there are caregivers or others who are abusive or neglectful that lack capacity due to a medical or mental health condition or a developmental disability. Claiming to be lack capacity, or an inability to control their own behavior, can also be a manipulation tactic, so a thorough assessment is necessary.

b. Neglect Dynamics

The power and control dynamics used by a perpetrator of abusive behavior may include neglectful behaviors. However, the breakdown of a caregiving system is not always related to gaining power and control. According to San Diego State University School of Social Work (2018), other dynamics may include:

Overwhelmed caregiving system- the vulnerable adult has a caregiving system, but it's not doing everything that's necessary because they are not keeping up with the deterioration of the vulnerable adult, are trying to balance caregiving with too many responsibilities, and/or cannot afford the needed services.

Dysfunctional caregiving system- a system is in place, but the dynamics between caregivers or the caregiver(s) and the vulnerable adult are dysfunctional, such as feuding families or families with substance abuse disorder issues.

Self-interested caregiver- someone has the responsibility for providing care but it's inadequate because the caregiver is in it for the money, such as a caregiver who is being paid or stands to inherit.

As previously mentioned, the vast majority of neglect cases are due to self-neglect, which occurs when the vulnerable adult has no one to provide care or potential caregivers are unaware of the need for care or when care has been refused.

Values & Ethics

The work of APS requires that staff enter an adult's home, ask personal questions, and make recommendations about interventions that may change the individual's life. APS staff must build strong relationships with individuals, even if the worker must take actions that are considered invasive. It is important for APS staff to be aware of the values they take into their work with clients and to make sure the impact they have on any individual or family is as positive as possible.

Personal Values

Everyone has values which guide behavior, interactions with others, and decisions. Exploration and knowledge of personal values can assist APS staff to present and behave in a positive way. Components of self-awareness include recognition of:

- our struggles and successes;
- our skills, and skills that need improvement;
- conscious biases that we may hold;
- the fact that we hold unconscious biases, which impact our behavior;
- the influence of our past;
- the influence of our culture; and
- our thoughts, feelings, style, and temperament.

When working with vulnerable adults, alleged perpetrators, co-workers, community partners, or others, APS staff must:

- acknowledge that we are the primary tool we use in any intervention;
- be conscious of our personal responses to a situation, and our feelings and potential bias towards the person;
- know our preferences for dealing with situations and people;
- be conscious of our internalized style for coping with our needs; and
- remain open and flexible to feedback from the other person about how we are handling the situation.

Those encountered by APS staff may not behave, work, or live in a way that is consistent with an individual worker's values, but that does not automatically mean it is "wrong". Full awareness of personal values and how they impact thought processes can help APS staff focus on self-determination, rather than project personal values on those they encounter.

Professional Values and Codes of Ethics

Professional ethics, or the moral principles that govern behavior, serve to identify the core values of a profession, establish the standards that should be used to guide practice, and help identify relevant considerations when ethical uncertainties arise (APSWI, 2020).

National Association of Social Workers (NASW) Code of Ethics

Although APS professionals are not all social workers, the NASW Code of Ethics provides excellent guidance for APS work. The broad ethical principles represented in this Code include:

Service - Elevate service to others above self-interest, and use knowledge, values, and skills to help people in need and address social problems.

Social Justice - Pursue social change with and on behalf of vulnerable and oppressed people, promote sensitivity and knowledge about issues affecting others, and strive for access and equality for all people.

Dignity - Respect individual differences and right to self-determination, as well as enhance client capacity and opportunity to change and address their own needs.

Human Relationships - Recognize that relationships are an "important vehicle for change" and engage people as partners throughout the helping process.

Integrity - Act honestly, responsibly, and ethically.

Competence - Strive to continually increase knowledge and skills to apply in practice.

National Adult Protective Services Association (NAPSA) Code of Ethics

In addition to the NASW Code of Ethics, NAPSA has developed a Code of Ethics specific to APS work. NAPSA's Code of Ethics Guiding Values include:

1. Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.
2. Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

The principles represented in this Code include:

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms so long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

Professional Values

APS also uses two additional values that complement the use of the NASW Code of Ethics and the NAPSA Code of Ethics. These include:

Self-determination: the right to make decisions for one's self that may go against the norms of the community. It also includes the right to make mistakes and take risks.

Shared decision-making: appointment of a partner in decision-making for the vulnerable adult, as opposed to appointing a guardian or granting durable power of attorney.

Application of Professional Ethics and Values

APS staff must look at many factors when deciding to intervene in an adult's life, and every decision should be evaluated on an individual basis. Three critical factors to consider include:

Risk - what are the chances the adult will be harmed if no protective actions are taken?

Informed consent - does the adult have all the information they need to make a choice about the interventions the APS worker is suggesting?

Capacity/competency - is the adult able to understand the consequences of their decisions?

The challenge of APS is to balance the often-conflicting issues of protecting the adult and honoring the adult's right to self-determination. Kansas statute requires that APS protect vulnerable adults from abuse. The community also looks to APS to intervene in the adult's life if they report the adult may have been abused or if the adult's behavior is harmful to self or the communities. These expectations can conflict with honoring the right to self-determination.

In the ideal case, protection of adults seeks to achieve freedom, safety, least disruption of lifestyle, and least restrictive care alternatives. When interests compete:

- **The adult client is the person APS is charged to serve.** The APS worker may have contact with others during their investigation who have their own interests and want APS to take those into account. **While their concerns may be valid, the community concerned about safety, the landlord concerned about property, the citizen concerned about crime or the family concerned about their own health or finances are not the clients.**
- **The competent adult client is in charge of decision-making.** Decision-making is transferred from the client only if the adult chooses to voluntarily delegate responsibility to another individual, or the court determines the adult is no longer competent and grants responsibility to another. For example, if a competent adult is giving a substantial amount of their monthly income to a significant other and the competent adult is clear that they are making this choice, they have the right to do so, even if the adult's family or the APS worker disagrees with their choice.
- **The person can choose to live in harm or even self-destructively, provided the person has the capacity to make that choice, does not harm others, and commits no crimes.** For example, if an APS worker enters a home that seems too dirty, or cluttered, or cold, unless that adult is incapacitated or is harming others with those choices, they have the right to live that way, even if the APS worker's personal values conflict.

Statutes and Regulations for Licensed Mental Health Professionals

If any worker is a licensed mental health professional in the State of Kansas, it is very important to access information from Kansas Behavioral Sciences Regulatory Board (BSRB) related to the worker's specific license. Applicable statutes and regulations (set out on the BSRB website) for each license type which is regulated and monitored by the BSRB should be familiar to the licensee since their license is regulated by applicable Kansas statutes and regulations. Mental health professionals whose licenses are granted, renewed, monitored and overseen by the BSRB must be in compliance with their profession's applicable statutes and regulations in the State of Kansas.

Ethics, values, conflicts and competing interests are common in APS work. These concepts are referenced throughout the manual, so all are encouraged to refer back to this section at any point.

Confidentiality and Records

Confidentiality

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1434
Policies: PPM 10020 Confidentiality
PPM 10102 Confidentiality for Reporters
Forms: PPS 10210 Authorization for Release of Confidential Information- APS
PPS 10205 Your Rights During an APS Assessment for Self-Neglect brochure
PPS 10208 Your Rights During an APS Investigation brochure
Other: DCF Health Insurance Portability and Accountability Act of 1996 (HIPAA) training
HIPAA Notice of Privacy Practices

Original Report

A person making a report of suspected abuse, neglect, or exploitation of a vulnerable adult can expect confidentiality in accordance with policy PPM 10102 Confidentiality for Reporters:

> "State law requires protection of information which identifies the person who reported the suspected adult abuse, neglect or exploitation unless the reporter requests or agrees in writing to disclosure or as allowed per judicial proceedings." (PPM 10102)

Entities that may request the information as part of judicial proceedings include law enforcement or the Attorney General's Abuse, Neglect, and Exploitation Unit. When files are sent electronically, they must be encrypted.

Other Case Records

A**ll case records are presumed confidential** and should not be provided to any requestor without a release from the involved adult or their guardian (if applicable) that specifies who can receive information and exactly what information may be revealed. A release must always be bound to a specific timeframe. The DCF PPS 10210 Authorization for Release of Confidential Information for Adult Protective Services Form (Appendix C) should be used if at all possible, but another agency form may be used as long as it contains the following:

1. Name or person/agency to whom the information is to be released;
2. What information is to be released; and
3. The date the release expires.

If the APS Specialist is not able to obtain a signed release form but needs to share information with service providers or legal entities in order to benefit the involved adult, then the APS Specialist should consult with the DCF regional attorney and follow their instructions.

When meeting with the involved adult, the APS Specialist should describe:

- How personal information is handled and kept secure;
- How long the information is stored; and
- Who can access the information.

This information is covered in the brochure PPS 10205 Your Rights During an Adult Proactive Services Assessment for Self-Neglect and the brochure PPS 10208 Your Rights During an Adult Protective Services Investigation. The appropriate brochure should be reviewed with the involved adult and given to them for later review.

Health Insurance Portability and Accountability Act of 1996

Health information of the involved adult is protected by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. APS is considered a HIPAA Covered Entity (CE), which means all APS Specialists must comply with HIPAA.

The involved adult has the right to know how APS will use and disclose their Protected Health Information (PHI). PHI is:

- individually identifiable health information,
- oral or written (paper or electronic),
- created or received by a covered entity, and
- relates to past, present or future health care or payments.

Individually identifiable health information, or IIHI, is any information that connects health data to a specific person, including but not limited to, name, birthdate, social security number, health insurance ID number, or medical record number.

Gathering Information and Records

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1436
Policies: PPM 10020 Confidentiality
PPM 10102 Confidentiality for Reporters
PPM 10411 Retention of Records
Form: PPS 10210 Authorization for Release of Confidential Information- APS

Release of Information

K.S.A. 39-1436 states "any person or agency which maintains records relating to the involved adult which are relevant to any investigation conducted by the Kansas department for children and families or a law enforcement agency under this act shall provide the Kansas department for children and families or a law enforcement agency with the necessary records to assist in investigations."

However, APS must provide:

1. A written request for information and/or PPS 10210 Authorization for Release of Confidential Information for Adult Protective Services Form (Appendix C),
2. A written notice of the investigation utilizing PPS 10209 Bank Release of Records (Appendix C) or PPS 10211 Release of Records Relevant to Adult Protective Services Investigation (Appendix C), and
3. Confirmation that APS has sent written notice to the involved adult or their guardian.

As mentioned above, another agency's release form may be used so long as the form contains the name/agency to whom the information will be released, what will be released, and an expiration date. For example, the

Veteran's Administration and the Social Security Administration will not accept APS releases. Other community entities, like the community mental health center, may have required practices for releasing information. The APS Specialist should reach out to the agency before completing the release to ensure the correct method is used.

The APS Specialist should consult with their supervisor with any questions on gathering information and records. When interviewing collateral contacts, the APS Specialist should ask only that which is necessary to obtain the required information.

Retention of Records

In accordance with policy 10411 Retention of Records:

> "Effective January 1, 2019, all cases accepted for investigation shall be retained indefinitely".

All records in KIPS shall remain intact indefinitely.

Intake and Screening

Kansas Protection Report Center (KPRC)

The Kansas Protection Report Center (KPRC), a division of DCF, is responsible for receiving and screening reports of alleged abuse or neglect of children and reports of alleged abuse, neglect or exploitation of vulnerable adults. KPRC staff are housed in three service centers located in Wichita, Topeka, and Kansas City. The reports are received 24 hours a day, 365 days a year, though they are not assigned to DCF APS on weekends and holidays. KPRC staff will call law enforcement to do a welfare check if needed after hours, on weekends, or on holidays.

Taking the Report

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430(a-e)
Policies: PPM 10101 Information Gathered and Recorded at Intake
PPM 10102 Confidentiality for Reporters
Form: PPS 10100 Adult Protective Services Intake

Reports can be made via phone or online. As mentioned in the prior section, the identity of the reporter remains confidential, unless a written release is signed by the reporter or the information is shared as part of judicial proceedings.

KPRC staff are responsible for taking the report from the reporting party. For more information about what is gathered, see the Adult Protective Services Intake linked above. Not all intake information can or will be gathered during this initial contact with the reporter, as the reporter is not always able to answer every question on the intake form.

Some information may be pulled from the Kansas Eligibility Enforcement System (KEES), the system which processes Medicaid and welfare benefits for Kansas, including: identifying information, information regarding prior or current DCF involvement, and/or waiver information. If the reported address is different than the prior address or if the involved adult in question is on a waiver or receiving home and community-based services (HCBS), then that should be noted in the Prior DCF Involvement document in KIPS.

Initial Assessment/Screening

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430(a-e)
Policy: PPM 10110 Initial Assessments
Form: PPS 10110 Adult Protective Services Screening Report
Appendix: PPM Appendix 1E Adult Protection Services Initial Assessment Guide

The initial assessment/screening of the report is the responsibility of the KPRC staff. Assessment should be completed within a half workday from when the report is received to determine “when there are reasonable grounds to believe abuse, neglect or exploitation exists and immediate steps are needed to protect the health and welfare of the abused, neglected or exploited adult.” (PPM 10110). For more information about the assessment/screening process performed by KPRC, see PPM Appendix 1E and PPS 10110 linked above.

Please note, if there is an existing case, KPRC will link the cases and an automated email notification will go to the APS Specialist if there is an open investigation with the associated intake.

Screening Outcomes

Preliminary Inquiry

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10114 Preliminary Inquiry
Form: PPS 10111 Preliminary Inquiry (available only in KIPS)

A Preliminary Inquiry is used when more information is needed to make an initial assessment. The policy above provides more information about the criteria used by KPRC to make this determination. The Preliminary Inquiry may involve gathering additional information and/or contacting the reporter or other identified agencies or individuals. The need for the Preliminary Inquiry and the information obtained should be documented by KPRC in KIPS using PPS 10111 Preliminary Inquiry form.

KPRC will still need to complete an Initial Assessment (Not assigned or assigned for further assessment) after the Preliminary Inquiry is completed.

Not assigned for further assessment

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430(a-e)
Policies: PPM 10112 Reports Not Assigned for Further Assessment
PPM 10113 Documenting no Further PPS Action Needed
PPM 10117 Notification to Another Responsible Agency
Form: PPS 10110 Adult Protective Services Screening Report
Other: PPM Appendix 1E Adult Protection Services Initial Assessment Guide

Some reports will be assessed by KPRC as not appropriate to assign to APS for further assessment and investigation. If a report is not assigned for further assessment, at least one of the required criteria defined in PPM 10112 has been met. Because of the detailed nature of the criteria, the KPRC staff should refer to the policy to make this determination. In some cases, KPRC will be required to notify additional agencies or refer the case outside of DCF, as detailed in PPM 10117.

If a report is assessed as not assigned for further assessment but there is an active case related to the same involved adult, the APS Specialist will get notification of the new report. Even though the new report is not assigned, the APS Specialist should review that report for any information to potentially assist with the active investigation.

Assigned for further assessment

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430(a-e)
Policy: PPM 10111 Reports Assigned for Further Assessment
Form: PPS 10110 Adult Protective Services Screening Report

Appendix: PPM Appendix 1E Adult Protection Services Initial Assessment Guide

If the KPRC determines that the report meets the criteria detailed in the policy, the report will be assigned for further assessment or investigation. It is directed to the appropriate region's APS Investigation Queue in KIPS. The HSA or the APS Supervisor will then assign it to an APS Specialist. The response time frame should be determined by KPRC staff based on the information gathered in the report and/or the Preliminary Inquiry and documented in PPS 10110 Adult Protective Services Screening Report.

Standard response time frames include a 24-hour response, three working day response, or five working day response. When a report that needs a 24-hour response is screened in, it is sent to a Regional APS email address. Everyone in the unit is notified that a 24-hour report was screened in. The person assigned to monitor the queue and assign reports for that region will review to determine who will be assigned the case. Each region has their own process for managing reports needing a 24-hour response that come in on a Friday "late day" (after 3 pm).

KPRC Determination

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10103 Notice of Action to the Reporter
Form: PPS 10130 Notice of Action to Reports for Adult Abuse Reports

Unless the report is made anonymously, a reporter can request to be notified of the initial assessment decision. The decision is emailed or mailed to the reporter by the KPRC, utilizing PPM 10130 Notice of Action to Reporters for Adult Abuse Reports. If the reporter requests information beyond the initial assessment decision, they should be referred to the Regional APS Assistant Program Administrator.

Closure After Assignment

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.
Policy: PPM 10216 Closure After Assignment
Form: PPS 10216 Closure After Assignment Request (available in KIPS only)

After a report is assigned to APS for investigation, the APS Specialist should first review the case to ensure it does not meet the criteria for Closure After Assignment (CAA). The APS Specialist may request a CAA prior to or following the initial face-to-face contact with the involved adult. Because of the details involved, please see the policy for more detail about the criteria that must be met for a CAA.

The process for requesting CAA is as follows:

1. If the request for CAA is made prior to the initial face-to-face contact, the request shall be made in time to allow timely face-to-face contact if the request is denied by APS Supervisor, APS APA, or KPRC Supervisor.
2. If the APA or KPRC Supervisor approves CAA within the required initial face-to-face contact time frame for the allegation(s), a face-to-face contact is not required. If the APA or KPRC Supervisor approval/denial comes

after the required time frame for initial face to face contact, the APS Specialist shall have made a face-to-face visit or have made at least two reasonable attempts within the required time frame.

3. If the initial face-to-face visit has been made or the involved adult is unable to be located, the request for CAA shall be made within five working days from date of initial face-to-face contact or date of second unsuccessful attempt.
4. The APS Specialist shall consult their supervisor and complete the form PPS 10216 Closure After Assignment Request in KIPS. Once the documentation is complete, the APS Specialist should notify the supervisor, who then reviews the request and adds their comments, noting an approval or denial. If the CAA is denied by the supervisor, the investigation shall proceed.
5. If the supervisor approves the CAA, the supervisor should then notify the APS APA for that region, who will then determine whether (a) to approve the CAA request, or (b) deny the CAA request and continue with the investigation. The APA may also refer back to the KPRC Supervisor to make a determination.
6. If the APS APA determines the CAA should be approved, the APA will then forward the CAA request to the other APAs for a final review. After their review, the APAs responsible for approving will then complete the necessary documentation in KIPS and notify the requestors of the decision.
7. If the CAA request is denied by the APS APA, the reason shall be documented in KIPS and the investigation shall proceed.

Investigation

Overview

A. Overview

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1433

Policies: PPM 10120 Initial Contact Time Frame
PPM 10200 Conducting an Investigation

Forms: PPS 10100 Adult Protective Services Intake
PPS 10110 Adult Protective Services Screening Report
PPS 10120 A Potential Criminal Activity Notification Coversheet

When assigned a report to investigate, the APS Specialist shall:

1. If a criminal act has occurred or has appeared to have occurred, immediately notify, in writing, the law enforcement agency in the jurisdiction where the crime occurred by sending form PPS 10100 APS Intake, form PPS 10110 APS Screening Report, (known as the Combined Intake) and form PPS 10120a the Adult Protective Services Potential Criminal Activity Notification Coversheet.

   ****Please note, If APS notifies law enforcement or the county/district attorney of a report, the Attorney General's Abuse, Neglect, and Exploitation (ANE) Unit should also be notified by sending the PPS 10100, PPS 10110, and PPS 10120a. APS should also provide the name of the law enforcement agency that was notified.*

2. Make an in-person, face-to-face visit with the involved adult, or two attempts to visit:

   a. Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved adult;

   b. Within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

   c. Within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

3. Complete a thorough investigation and evaluation to determine the situation relative to the condition of the involved adult and what action and services, if any, are required. The investigation must be conducted **within 30 working days for cases involving abuse, neglect and/or self-neglect**, and **within 60 working days for cases assigned for financial exploitation**. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the case. If conducting the investigation within 30 working days or 60 working days would interfere with an ongoing criminal investigation, the investigation time period shall be extended, but the investigation and evaluation shall be completed within 90 working days.

Preparing to Investigate

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statutes: K.S.A. 39-1433
K.S.A. 75-723

Policies: PPM 10120 Initial Contact Time Frame
PPM 10200 Conducting an Investigation
PPM 10210 Contacts During the Investigation
PPM 10221 Assigned KDHE Licensed Facility Reports to APS

Forms: PPS 10100 Adult Protective Services Intake
PPS 10110 Adult Protective Services Screening Report
PPS 10120 A Potential Criminal Activity Notification Coversheet
PPS 10125 Notification to KDADS Licensed Community Based Facility Chief Administrative Officer Regarding APS Intake/Investigation
PPS 10205 Your Rights During an APS Investigation for Self-neglect
PPS 10208 Your Rights during an APS Investigation for Abuse, Neglect, and Exploitation
PPS 10209 Bank Release of Records
PPS 10210 Authorization for Release of Confidential Information
PPS 10240 What happens if you are accused of abuse, neglect, or exploitation of an adult

Preparing to investigate helps save time for the APS Specialist. In addition to assessing if a criminal act has occurred and notifying appropriate law enforcement and the Attorney General's ANE Unit, other preparation activities should include:

1. Review the Intake

   Analyze the information on form PPS 10100 and form PPS 10110. Considerations when reviewing this information may include:

   - Determine whether the crisis is current or sometime in the past. How recent is the information? If violence or bizarre behavior is reported, is it going on now or did it occur sometime in the past?
   - Are there any unusual circumstances, such as a report of weapons, report of vicious dogs, history of domestic violence or violence toward social workers, history or reports of drugs or gang activity, or other past or current criminal behavior on the part of the involved adult or alleged perpetrator? Should a co-worker or law enforcement to accompany you? (See "C. Evaluating Safety Risk" below for more on this.)
   - Assess the reliability of the information. How involved in the situation is the person reporting the information?
   - Where will the first visit (or attempt) be? The involved adult's home? Hospital? Long-term care facility? Other location?
   - How will you explain the need for investigation to the involved adult?
   - Is there a guardian or conservator? If so, they must be contacted first, unless they are the alleged perpetrator. (See #3 below)
   - Does the client have any disabilities that may impact how the APS Specialist will approach the initial contact? Will you need an interpreter service?
   - Did a criminal act occur? If so, has law enforcement been notified? (See #4 below)
   - Is there a potential conflict of interest? The supervisor should be notified immediately if so.
   - Have you assessed for the need to notify other agencies and/or the need for a Closure After Assignment (CAA)? (See #4 and #5 below for more information about involvement of other agencies and see the Intake section for more information on CAAs).

2. Obtain Records and Complete Missing Data

When reviewing the form PPS 10100 and form PPS 10110, you may determine there is missing data or records needed before the initial interview with the involved adult.

- Check KIPS for previous intakes and investigations. Review any related cases thoroughly and link them to the current open investigation.
- Request a CLEAR check on the alleged perpetrator(s). In some regions, the Supervisors or HSAs assist with this. A CLEAR check is also used on Involved Adults if information on family members or others is needed.
- Access other websites such as "Family Tree Now" if a phone number or additional family members need to be located.

3. Screen for Guardian Contact

   If the intake indicates the involved adult has a guardian or conservator, the APS Specialist should make every effort to contact them in order to coordinate contact with the involved adult and provide the appropriate brochure detailing the involved adult's rights (either brochure PPS 10205 or brochure PPS 10208). EXCEPTION: If the guardian/conservator is the alleged perpetrator, then they should not be contacted, and the APS Specialist should contact their supervisor.

   If contact with guardian can't be made after diligent efforts, the APS Specialist should staff the situation with their supervisor. If further attempts to contact the guardian will result in the initial contact with the involved adult not being made within the required timeframe, the APS Specialist may contact the involved adult through face-to-face contact. However, efforts to contact the guardian/conservator should continue throughout the investigation.

   If the APS Specialist doesn't learn the involved adult has a guardian/conservator until after contact is made with the involved adult, the guardian/conservator should be notified immediately.

4. Assess for Law Enforcement Involvement following Notification to Law Enforcement

   If a crime is alleged to have occurred or appears to have occurred, notification to law enforcement should have taken place immediately upon the APS Specialist receiving the case in accordance with policy PPM 10200A. Please see policy PPM 10200G regarding additional law enforcement interaction beyond the initial notification.

5. Assess for KDADS Involvement and Provide Notification (if appropriate)

   If the alleged incident occurred in a KDADS-licensed community-based facility or agency, or if the involved adult is receiving in-home services provided by a KDADS-licensed community-based facility and the alleged perpetrator is an employee of the facility, the Chief Administrative Office (CAO) of the KDADS-licensed facility or agency should be notified in accordance with policy PPM 10200H. The APS Specialist should check with their supervisor for more information about the current process in each region.

6. Assess for KDHE Involvement and Provide Notification (if appropriate)

   In accordance with policy PPM 10221, the APS Specialist shall investigate staff-to-consumer reports for licensed Kansas Department of Health and Environment (KDHE) facilities, including licensed and certified Home Health Agencies and home-based Hospice. Upon assignment of an investigation involving a Home Health Agency or Hospice, the APS Specialist shall send the non-redacted Combined Intake Report to KDHE.Complaints@KS.gov. Most staff forget this step, and KDHE needs to be notified in a timely manner.

   KDHE and the APS Specialist may work jointly on the investigation.

7. Assess for the need to notify the Medicaid Fraud Unit and Provide Notification (if appropriate)

   The Kansas Attorney General's Office Medicaid Fraud Unit has the authority to investigate allegations of ANE of Medicaid recipients and Medicaid facilities. Please review policy PPM 10200(2) for more information about the circumstances under which the Medicaid Fraud Unit should be notified.

8. Prepare Paperwork/Forms

   The APS Specialist should have the applicable APS brochures or forms on hand before the first interview. These may include:

   - PPS 10205 Your Rights During an APS Investigation for SN
   - PPS 10208 Your Rights during an APS Investigation for ANE
   - PPS 10209 Bank Release of Records
   - PPS 10210 Authorization for Release of Confidential Information
   - PPS 10240 What happens if you are accused of abuse, neglect, or financial exploitation of an adult

   Bringing a copy of the Combined Intake and applications for services such as Medicaid, Food Assistance or others is also recommended.

Locating the Involved Adult

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policies: PPM 10120 Initial Contact Time Frame
PPM 10200 Conducting an Investigation
PPM 10210 Contacts During the Investigation

Forms: PPS 10100 Adult Protective Services Intake
PPS 10110 Adult Protective Services Screening Report

A face-to-face visit with the involved adult is required. Reasonable effort is made if the APS Specialist attempted to contact the involved adult where it is reasonable to expect them to be found. If located, an in-person, face-to-face visit shall be made to the involved adult within the assigned response time of 24 hours, three days, or five days.

At least two attempts shall be made to locate the involved adult within the assigned response time. All unsuccessful attempts to locate the involved adult should be documented in KIPS.

Potential Methods of Locating the Involved Adult

If the Combined Intake does not provide information about how to contact the involved adult, or if the information does not lead to the involved adult, methods to attempt to contact/locate may include:

- Conducting a CLEAR search in accordance with the APS Specialist's regional practice;
- Contacting the reporter for additional information;

- Contacting any provided collateral contacts;
- Contacting the landlord of their prior address if known; and/or
- Contacting the police for assistance in locating.

Collateral Contacts for Safety Determination

In rare cases, with supervisory approval, information gathered from **authorized** collaterals may be used to determine safety. For more information about this process and who might qualify as an authorized collateral, please see policy PPM 10210(D).

Allowable Reasons to Not Determine Safety

If contact is not made with the involved adult within the assigned response time, the APS Specialist should notify their supervisor. This is allowed when:

1. The involved adult can't be located;
2. The involved adult has left the state;
3. APS Specialist has been directed by law enforcement or county/district attorney not to proceed;
4. After two unsuccessful attempts to locate the involved adult;
5. The involved adult refuses contact and/or refuses to cooperate;
6. The involved adult fails to keep scheduled appointments;
7. Nature or man-made disasters create conditions that make it unsafe to get to the adult, though attempts to contact should resume as soon as conditions permit; or
8. The involved adult is deceased.

If the involved adult is not found, the APS Specialist should meet with their supervisor as soon as possible to plan for next steps.

Evaluating Safety Risk

Before conducting an initial face-to-face visit, the APS Specialist should always plan for their safety. A safety plan should include "environmental and interpersonal awareness, as well as verbal and non-verbal techniques to de-escalate tenses situations" (Academy for Professional Excellence, 2011).

The Academy for Professional Excellence (2011) suggests the following safety strategies:

- Assess for safety.
  - Were there any safety issues indicated on the report, either due to an alleged perpetrator in the home or other issues with the home environment? Determine if law enforcement should be involved.
  - Look up the address prior to and learn what you can about the neighborhood.
- Develop a safety plan.
  - Think through scenarios that could compromise your safety and how you would handle those situations.
  - If you have any concerns, talk with your supervisor before the visit.
  - Provide a schedule of your home visits with address and phone number. Keep others posted about changes in this schedule.
  - Ensure your cell phone is fully charged.

- Check to make sure there is enough gas in the car, the tires are in good shape, and there are no indicator lights on, particularly if you are driving a state vehicle.

When to Call Law Enforcement

As part of the initial review of the intake, the APS Specialist should assess for any unusual circumstances, such as a report of weapons, report of vicious dogs, history of domestic violence or violence toward social workers, or other past or current criminal behavior on the part of the involved adult or alleged perpetrator. If there are any unusual safety risks, the APS Specialist should consult with their supervisor on whether to request law enforcement accompaniment on the initial visit.

The Role of the APS Investigator

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10211 APS Investigator

The Interviewing section is primarily focused on the role of the APS Specialist when interviewing the involved adult, the alleged perpetrator, and collateral contacts. However, please note that the APS Investigator (APSI) may "assist the assigned APS Specialist with specific tasks of the investigation. When the APS Specialist has been assigned an investigation, the APS Specialist shall consult with the APS Supervisor to determine if the APSI will be assisting in the investigation." (PPM 10211) Part of the APSI role may include interviewing the alleged perpetrator or collateral witnesses. Regarding the involved adult, the APSI may "accompany the APS Specialist to conduct the initial face to face safety determination, but the APSI shall not conduct this safety determination on their own." (PPM 10211)

Interviewing the Involved Adult

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1433

Policy: PPM 10210 Contacts During the Investigation

Forms: PPS 10205 Your Rights During an APS Assessment for Self-Neglect
PPS 10208 Your Rights During an APS Investigation

When first approached regarding a report, most involved adults are anxious and afraid of losing their autonomy and identity. The APS Specialist should respond to the needs of the involved adult and establish a relationship that will encourage trust and diminish fear and/or resistance.

Home visits are often the best opportunity to gain more information about the involved adult and their current situation. Even if they have some areas of difficulty, the involved adult will have strengths and may have developed coping strategies to deal with their situation.

Please note, as discussed in the Values & Ethics section, the APS Specialist should recognize that those encountered by the APS Specialist may behave, work, or live in a way that is not consistent with the APS Specialist's values, but that doesn't automatically mean it is "wrong". Full awareness of one's personal values and biases, and an understanding of how they could negatively impact the response to the involved adult or others encountered throughout an investigation, is necessary to ensure the APS Specialist is not acting on assumptions or projecting personal values on those they encounter.

APS Worker Safety

Regardless of who is being interviewed, the APS Specialist should always be aware of their environment and cognizant of their safety. As mentioned in the Preparation section, every worker should have a safety plan prior to traveling to an interview. Other things to consider as the worker arrives may include:

- Notice the neighborhood environment and make a plan of action for entering and exiting the destination.
- Notice the home environment. Keep a clear view of the door and note any unusual odor or smells.
- Ask the interviewee who is in the home or may be coming to the home.
- Be aware of cultural biases, stereotypes and prejudices that may impact judgment.
- If the interviewee or someone in the home denies access or is threatening and angrily demands that the APS Specialist leave, please leave immediately. If the APS Specialist feel the involved adult is endangered, return later with law enforcement assistance.

  (San Diego State University Academy for Professional Excellence, 2011)

If the APS Specialist is interviewing at a hospital, they should:

- Check in at the nurses' station.
- Check with the nurse to see if it is known or indicated the patient has a history of violence.
- Observe the posted documents near the doorframe.
- Verify it is safe to enter without a gown or gloves.

If the APS Specialist is interviewing at a group home, they should:

Check with staff to see if the interviewee has a history of violent behaviors. If so, the APS Specialist should work with staff to plan for safety, such as requiring a staff member to be present during the interview and what to do if the interviewee becomes violent.

Initial Contact

Before knocking on the door, the APS Specialist should start observing their surroundings right away. How long does it take to walk up to the house? What condition is the front yard/porch/outside of the house in?

During introductions to the involved adult, guardian, or family, the APS Specialist should show the upmost respect and professionalism. Be prepared to show an ID and be clear and simple in the introduction. Address them formally (i.e. Mr. Smith) until they ask to be addressed more informally.

Part of the introduction should be a short explanation for the visit. The APS Specialist can use language like "a concern has been reported", which is less threatening than "I'm here to do an investigation". Because the involved adult may be suspicious or anxious about the reason they are being contacted, they may immediately ask who made the report or "sent" the APS Specialist. Since confidentiality prevents that information from being shared, the APS Specialist should focus on what is happening currently and how to help. One possible response might include:

> *"I understand you would be concerned about who made the report, but state statute does not allow me to disclose that information. Today I'm here to make sure you are doing ok."*

The APS Specialist could also discuss this with a supervisor prior to the meeting, if there are specific concerns about how to address confidentiality.

Communication with the involved adult during the first visit must be patient. An effective philosophy in social work and in APS is "starting where the client is", i.e. listening to and addressing their concerns and questions first. The Academy for Professional Excellence at San Diego State University School of Social Work has the following suggestions for prepared "communication statements" for the APS Specialist to consider using to help reduce the involved adult's unease, such as:

- Universalizing: "We frequently find that seniors aren't aware of the many services that are available to them"
- Empathizing: "I understand your reluctance and realize that it must not be easy letting a stranger into your home."
- Credentializing: "I/We have been doing this work for a while and believe we may have something to offer you that may make your life a little easier."
- Clarifying: "I hear that you have some concerns about what's going on, and would like to talk about it with you, but not at the door where your neighbors may see us..."

(2011, p. 61-62)

Establishing rapport is building a foundation with the involved adult and increasing the chances of effective communication, rather jumping into the investigation. Engagement techniques to build rapport may include:

Watching for cues Look or listen for something to ask about or comment on to engage the involved adult, like garden, photos, pets, food, etc. Start with neutral subjects.

Keeping it simple Avoid jargon, acronyms, or terms internal to APS that would not be familiar to the involved adult. Speak clearly but not loudly, unless you are asked to speak louder.

Utilizing the trauma-informed principles Consider how you can utilize trauma-informed care principles in your communication. These principles include: Safety, Trustworthiness & Transparency, Peer Support, Collaboration & Mutuality, Empowerment, Voice, & Choice, and Cultural Historical & Gender Issues (Substance Abuse and Mental Health Services Administration, 2014). For example, providing honest and accurate information about the assistance being offered helps to build trust and illustrates transparency. Providing options whenever possible helps to build empowerment and give choice. Another example is asking permission to speak with them and/or enter the home, to help the involved adult feel safe and that they have a choice whether to engage.

Using empathy, not inflammatory language The involved adult or family may be fearful, angry, and/or suspicious, which are understandable responses. Show empathy through your responses and facial expressions. Avoid bombarding or interrogating, using inflammatory or blaming language, or using unfamiliar terminology at the door.

Using active listening techniques Listen to what the involved adult is saying, instead of waiting for your turn to talk. Ask clarifying and/or open-ended questions, reflect and/or summarize what's been said, and validate their feelings with empathy. Pay attention to non-verbal communication as well.

Considering culture and accessible communication Clarify meanings, adjust your speech to meet the education level or language ability of the involved adult, and talk directly to the involved adult even when using an interpreter. Stay at eye level when speaking, not standing up or over the involved adult.

Pay attention to speed and pacing Match the pace of the involved adult, who should do most of the talking.

Interview Questions

Interview questions will be specific to the report and the case. Open-ended questions are generally more effective when interviewing the involved adult. Some of the most effective types of open-ended questions are:

> ***General*** How have things been? How are you doing?
>
> ***Invitation*** Tell me more about that.
>
> ***Focused*** Who helped you with that? What does your daily schedule look like? Walk me through a challenging day. How have you managed this in the past? What do you think your needs are? What would your (loved one, doctor, neighbor, caregiver, etc) say your needs are?
>
> ***Clarification*** You said she went with you. Who are you referring to?

When asking open-ended questions, build upon the answers that are given. For example, if the involved adult responds with a question, use that opportunity to provide clarification and build rapport. If they respond with a statement, use that opportunity to reflect what you understood back to them or ask a follow-up question. If the involved adult responds minimally or not at all, pay attention to the body language of the involved adult to help assess the situation. It might be that they need silence for a few moments in order to collect their thoughts. If the silence stretches out, use that opportunity to validate how they might be feeling, or ask the question in a different way.

While interviewing, the APS Specialist should pay attention to the cognition of the involved adult, as well as how they ambulate or move. It is also important to ask questions specific to the report of abuse, neglect, or exploitation. This will be explored in greater detail under Assessment.

To help with the interview process, the Documentation chapter in KIPS contains the following tools (also included in Appendix B):

- Cognitive Status- includes general questions that should be asked in every case
- Functional Assessment- includes general questions that should be asked in every case
- Mental Health Issues
- Risk Assessment
- Capacity to Consent Screening
- Power and Control Relationship issues

Resistance/Refused Access

As discussed in the Values & Ethics section, the challenge for APS Specialists is to balance the often-conflicting issues of protecting the adult and honoring the adult's right to self-determination. If the APS Specialist is refused access, they should assess if there is an urgent need that must be addressed. The information gathered before the visit may have already indicated an urgent need, or the urgency of the situation may be assessed in the moment based on observations of the involved adult. Some potential emergency options might be:

- Emergency medical services- if there is obvious medical distress
- Emergency psychiatric services- if the involved adult appears dangerous to self or others
- Law enforcement- if there is a threat of violence or if the alleged perpetrator is present and preventing access to the involved adult

(Academy of Professional Excellence, 2011)

The APS Specialist should make every reasonable effort to talk with the involved adult. If there isn't an immediate safety issue assessed, the APS Specialist could respond in one or more of the following ways:

- Reframe the visit, using language such as, "We can talk about any needs you may have. I just want to make sure you are safe and healthy, and your needs are being met."
- Ask if there is a trusted helper they would like to have present or another place they would feel more comfortable talking
- Contact supervisor for guidance
- As a last resort, ask if there is another time/day that would be better to talk.

If the involved adult still does not want to engage, the APS Specialist should follow up with a letter or phone call that provides the date of the visit, that the involved adult did not want to talk at that time, and how to reach the APS Specialist if they decide they would like to talk. The PPS 10205 Your Rights During an APS Assessment for Self-Neglect brochure or PPS 10208 Your Rights During an APS Investigation brochure should be mailed or provided as well.

There is a possibility if the APS Specialist leaves and comes back another time, the alleged perpetrator may influence the involved adult's story. If the alleged perpetrator is the one who opens the door and won't let you see the involved adult, the APS Specialist could inform them they will need to see the involved adult and will have to come back if they are not able to talk with them today. Depending on the severity of the report, the APS Specialist may determine, in consultation with their supervisor, to contact law enforcement for assistance.

Interviewing the Alleged Perpetrator

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policies: PPM 10213 Contacting the Alleged Perpetrator
PPM 10204 Additional Perpetrators or Abuse/Neglect/Exploitation Allegations Identified After Initial Assignment

Forms: PPS 10230 Interview Notice to the Alleged Perpetrator
PPS 10240 What happens if you are accused of ANE of an adult

As stated in PPM 10213,
"Contact with the alleged perpetrator shall be made unless:

- The APS Specialist is unable to make contact with the involved adult (exceptions to this may be if the IA is deceased), or
- The involved adult does not want the APS Specialist to contact the alleged perpetrator, when doing so would put the involved adult at further risk."

Reasonable efforts should be made to locate the alleged perpetrator, as PPM 10213 states "Two documented attempts to contact will be considered due diligence". Please review the policy for more information about the different ways to attempt contact. The APS Specialist could follow up with the original reporter, the involved adult, or other individuals (such as landlords or neighbors) when trying to locate.

Regardless of the type of contact or attempted contact, the brochure PPS 10240 What happens if you are accused of ANE of an adult must be provided to the alleged perpetrator.

Interview Questions

APS Specialists are "interviewers, not interrogators" (Academy of Professional Excellence, 2011, p. 76). That being said, the APS Specialist must tell the alleged perpetrator that they were identified as such in the report and that there is an open investigation. The APS Specialist should take a few minutes prior to the interview to anticipate what the response might be from the alleged perpetrator and what their questions might be.

Going into the interview, the APS Specialist should consciously avoid pre-judging the situation and should be ready to listen, while also being prepared for the possibility of a defensive, angry, and/or hostile reaction.

Establishing rapport is essential with alleged perpetrators as well as the involved adult. Utilize the initial engagement techniques discussed earlier in this section to build rapport with the alleged perpetrator, just like the involved adult. The APS Specialist should identify themselves and the agency, providing an I.D. or business card.

Open-ended questions are also recommended with alleged perpetrators. Some sample questions might include:

Daily life questions

- Thank you for waiting while I interviewed (involved adult). I need your help. I am doing an assessment of (the involved adult)'s current functioning and situation to determine what services are appropriate at this time. I would like to spend some time with you and have you share your perception.
- Tell me what you want me to know about (involved adult)
    - What is their medical condition? What kind of medicine do they take?
    - What kind of care do they require?
    - How involved are you with their everyday activities and care?
    - What are they expected to do on their own?
    - What do they expect from you? And do you do those things?
- Please describe a typical day for yourself.
- How do you cope with caring for (involved adult)? Do you have supports or respite care?
- What responsibilities do you have outside the home?

Financial questions

- Would you mind telling me your income? (If this causes defensiveness, this can be prefaced by, I'd like to understand if (involved adult)'s needs are affordable for your family)
- Tell me more about the finances.
    - Is (involved adult)'s social security check directly deposited in the bank?
    - Who owns the house?
    - Do you pay rent?
    - Whose name is on the deed?
    - If you help with the bills, how is that done?
    - Is your name on (involved adult)'s account?
    - Do you have power of attorney?

Physical state questions

- Do you know how (involved adult) got the bruises on their arm?
- (Involved adult) is suffering from malnourishment and/or dehydration (or They seem undernourished and then); how do you think they got that way?

- Caring for someone as impaired as (involved adult) can be a difficult task. Have you ever felt so frustrated that you pushed them harder than you expected? (Hit/slapped, yelled, threatened, etc.)

If the alleged perpetrator becomes defensive, thank them for being so cooperative and providing this information (Academy for Professional Excellence, 2011). If they cut off the interview at any point by refusing to continue, respect their request and don't argue. However, it is important to let the alleged perpetrator know that a finding will be made without their input if they refuse to be interviewed.

If the alleged perpetrator asks for an attorney, end the interview and ask for the attorney's information if they would like the APS Specialist to schedule an interview through the attorney. The APS Specialist should staff the case with their supervisor to discuss the possibility of having a DCF attorney present for the interview.

High-Risk Situations

Once interviewing, the APS Specialist should continue to assess the situation for safety risks.

Escalating Tension

The Academy for Professional Excellence (2011) provided the following signs to look for escalating tension and the potential for violence (p. 90):

General Observations
- Are you able to establish rapport?
- Seems under the influence of alcohol or drugs?
- Feels overwhelmed, hopeless, stressed
- Verbalizes being angry, upset in general
- Seems angry specifically at you or your agency

Physical Observations
- Appears agitated/ Pacing
- Forced or intrusive eye contact
- Tense facial expressions
- Irritable
- Movement into personal space
- Indirect threats of violence
- Touch - that is tight or constraining

Verbal Observations
- Indirect threats of violence
- Dehumanizing language/ verbally abusive
- Raised voice or labored speech
- Escalating voice or tone

Other important indicators may include statements regarding self-harm, suicide, or homicide or observation of weapons in the home or on the other's person.

While there is no one correct way to diffuse a volatile situation, the goal is to "help the angry person reduce the amount of tension he/she is feeling and gain control of their aggressive actions" (Academy for Professional Excellence, 2011, p. 94). The APS Specialist must remain calm if at all possible, and recognize the anger and frustration is not a personal attack.

Some tips that may help the APS Specialist diffuse a tense situation include:

- Starting where they are "What do you need from me in this moment?"
- Remain confident, keeping your pitch even and speaking slowly, clearly, and directly.
- Move slowly and keep hands visible. Let them know when you are going to move and what you are going to do.
- Do not reach towards or touch the escalating individual.
- Do not say "calm down" or a similar phrase. These generally have the opposite effect.
- Provide the option to end the conversation/visit. Offer to talk later after a cooling off period.
- Do not interrupt unless hostility is increasing, in which case, interrupt gently and indicate you need to speak.
- Although most interviews are conducted in the DCF office or over the phone, occasionally they are completed in the home. **Exit the situation if need be,** especially if you have attempted to stabilize the situation and it is still escalating. The APS Specialist's safety is of primary importance.

Interviewing Collateral Contacts

The APS Specialist will often need to obtain information from persons outside the household who are in a position to know facts surrounding the report. These references may include neighbors, relatives, friends, and/or professionals working with the involved adult. The purpose is to get factual information about exactly they have seen and how they have observed or learned about the information they relay.

The APS Specialist should be prepared to explain who they are and why they are calling, without providing case-specific information (unless a Release of Information has been signed). Be prepared for questions from collateral contacts about the allegations, the investigation, and findings. Please see the Confidentiality and Records section for more information on limits of confidentiality and use of releases when interviewing collateral contacts.

Accommodations

When interviewing the client, the alleged perpetrator, or collateral contacts, the APS Specialist may encounter individuals with special needs. Before interviewing a person with severe disabilities, consider asking their caretaker, guardian, or other collateral contact how they communicate and what the limitations may be. Some examples of special needs may include:

Sensory disabilities The Academy for Professional Excellence (2018) recommends that the APS Specialist consider the following:

- **Can they see you**? They made need their glasses or different lighting. Always identify yourself. Speak before handing them an object.
- **Can they hear you?** Are their hearing aids turned on and in working order? They may need to see the APS Specialist's face to read lips. An assistive device for a deaf individual may be needed. Eliminate background noise and speak slowly and directly.
- **Is the involved adult comfortable?** Are they in pain or in need of medication? Assess if they are tired, hungry, or thirsty, any of which may need to be addressed before the interview.
- **Have they been traumatized by the reported incident or another recent event?** Are they afraid (of retaliation, placement or being left alone)?

Cognitive disabilities The presence of a cognitive disability does not automatically mean the involved adult is functionally impaired and can't be interviewed. A cognitive disability can manifest in a wide range of ways, so it's important to assess before making assumptions. Be as patient and concrete as possible when communicating. Pause frequently and encourage them to repeat back what was said. If the interviewee is in a facility or working with a collateral contact, consider asking about limitations, verbal ability, use of picture boards, or other tips to communicate with this individual. In the case of sexual abuse of individuals with intellectual or developmental disabilities, there may be an agency in the community that provides forensic services.

Communication barriers There are a wide variety of disabilities that can cause difficulty speaking clearly (or at all) or can cause delusions. This does not necessarily indicate a cognitive impairment. Don't assume that an inability to communicate indicates the involved adult is trying to avoid the interview. Instead, consider using augmented communication, like a picture board or other communication tool. Use short, clear, direct questions.

Language barriers A professional interpreter should be used when interviewing a person with a language barrier, which should be scheduled ahead of time if at all possible. Family members or friends should NOT be used as an interpreter. The APS Specialist should always continue to talk to the involved adult, not the interpreter. To access an interpreter, call Language Line Solutions, Inc at 1-866-874-3972. The interactive phone system will answer and prompt you to:

1. Enter Client ID: 536535
2. Indicate the language needed
    - 1 – For Spanish
    - 2 – For all others and clearly state the language needed
    - 0 – If you don't know the language needed

Documentation

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10200 Conducting an Investigation

Documentation is one of the most important pieces of an investigation and helps to legally and ethically protect the involved adult, the APS Specialist, and the agency. In other words, if it's not in KIPS, it didn't happen! According to Joan Groessl with the University of Wisconsin-Green Bay (2018), the purpose of documentation in Adult Protective Services is to:

1. **Establish a detailed and reliable case history and baseline data;**
2. **Show evidence for the involvement of APS** Documentation serves as compelling evidence for the continuing involvement of APS, or the withdrawal of APS; and
3. **Minimize accountability and liability** It shows the case was handled appropriately. Legal experts indicate "good records presume good services are being provided, and bad records presume bad service" (p. 186).

Documentation should be:

- Thorough - Answers who, what, when, why, and how
- Concise - To the point and relevant to the investigation
- Accurate and objective - factual and free of assumptions, diagnosing a condition, values, bias, and judgments. For example, "The house was cluttered and passable with trails, with strong odors of urine and feces noted" instead of "The house was a mess and stank of urine and feces".
- Timely - In accordance with policy 10200 (C):

"Throughout the investigation, documentation shall be accurately and timely recorded in the appropriate chapters in KIPS. Timely documentation shall be considered no more than five working days after the activity, event, or incident occurred."

- Professional- should be in KIPS, not personal notes, scraps of paper, or irrelevant information

Documentation can be in first or third person, as long as the point of view does not change. For example:

- First person: *"I observed the involved adult trying to get out of his chair and he was unable to without assistance."*
- Third person: *"This worker observed the involved adult trying to get out of his chair and he was unable to without assistance."*

Recordings

In order to record any interview or part of an interview with the involved adult or alleged perpetrator, they must be made aware the interview is being recorded and agree to the recording, either in writing or on the recording itself prior to the interview beginning. Before making the decision to record an interview, the APS Specialist should check with the DCF attorney for their region to ensure the use of recordings is still supported.

Assessment

The interview process is only a part of the overall assessment of the involved adult and their situation. The assessment process takes place throughout the investigation, making a finding, service planning, and case closure. The information in this section will help guide the APS Specialist in determining interview questions for the involved adult, alleged perpetrator, and collateral contacts because it provides an understanding of the areas that should be assessed.

Assessing Risk and Needs

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policies: PPM 10224 Assessment of Involved Adult
PPM 10500 Providing Services

Assessing the following areas of risk and need may include gathering the following information from the involved adult and collateral contacts, and/or the APS Specialist's observation:

Living Environment:

- Is the involved adult mobile and able to exit the living environment?
- Do physical hazards exist outside the home and if so, what are they? (i.e. broken steps, rotting front porch, busy streets)
- Do physical hazards exist inside the home and if so, what are they? (i.e. gas leak, broken glass, missing stair rail)
- Has the involved adult sustained an injury due to a physical hazard? If yes, what was the incident and how was the adult injured? When did the incident occur?
- Does the home protect the adult from the elements? (i.e. cold, wind, heat, mosquitoes)
- Are the utilities working? Is the living environment adequately heated and cooled?
- Are there odors in the home?
- Is there running water? Are there any plumbing issues?
- Is a toilet available and in working condition?
- Is there refrigeration and other adequate storage for food?
- Is there a telephone available to contact help if need be?
- Is there any evidence of animal, rodent, or insect infestation?
- Has the involved adult or caregiver taken steps to rectify structural hazards? If not, what type of improvements/changes are needed, and what is the feasibility of these?

Functional Ability: Assess the involved adult's ability to manage activities of daily living (ADLs) and instrumental activities of daily living (IADLs). ADLs are self-care tasks typically learned as a child, and IADLs are self-care tasks learned in adolescence, requiring more complex thinking skills. Examples of each include:

ADLs

- Bathing
- Dressing
- Toileting
- Transferring, or being able to move from one position to another, like from a bed to a chair
- Eating

IADLs

- Managing communication, like the telephone or mail
- Shopping for essential supplies
- Preparing food
- Performing housekeeping and laundry tasks
- Travelling independently
- Assuming responsibility for medication
- Managing their own finances

Physical Health:

- Is the involved adult suffering from acute or chronic illness or disability? Do they have a diagnosis/prognosis from a doctor?
- What treatment is required? Is the involved adult able to provide their own prescribed home medical care? Is there a caregiver or professional providing nursing care?
- If the involved adult depends on a caregiver to meet basic needs due to an illness or disability, to what extent is the caregiver willing, available and able to meet these needs?
- What other symptoms are present that have not been addressed/diagnosed?
- What medications is the involved adult currently taking? Are they prescriptions? How many physicians are prescribing medications? How many pharmacies fill their prescriptions?
- What are the involved adult's eating and drinking habits?
- Is there a need for assistive devices, such as glasses, hearing aids, dentures, or mobility aids?
- To what extent is the involved adult able to practice basic hygiene?
    - Does the adult and their clothing appear clean?
    - Do they have an odor?
    - Is urine or feces observed in the home or on their person?

Mental/Psychosocial Health:

- Does the involved adult or collateral contacts perceive any specific mental/psychosocial health issues, such as mental illness, alcohol or substance abuse issues, dementia, or intellectual disability?
- Is the involved adult oriented to person, place, and time?
- Is memory and/or judgment capacity impaired?
- Is the involved adult repeating themselves?
- Is the involved adult responding to questions appropriately?
- Is the involved adult talking unusually fast or slow? Twitching? Talking to individuals who aren't present?
- Have there been major life changes or crises in the past year? (i.e. death of a significant person, loss of income, a move, illness, divorce) How has the involved adult dealt with this?
- Does the involved adult have the ability to follow simple instructions?
- Have there been any recent behaviors that indicate the involved adult may be a danger to themselves or others? If so, consider the following warning signs for suicide:
    - Statements about death and suicide
    - Reading material about death and suicide
    - Statements of hopelessness or helplessness (e.g., "I don't know if I can go on")

- Disruption of sleep patterns
- Increased alcohol or prescription drug use
- Failure to take care of self or follow medical orders
- Stockpiling medications
- Sudden interest in firearms
- Social withdrawal or elaborate good-byes
- Rush to complete or revise a will
- Overt suicide threats

(San Diego State University School of Social Work Academy for Professional Excellence, 2010, p. 78)

Please note: APS assessment of psychological functioning doesn't take the place of a clinical evaluation. If concerns arise when assessing this area, the APS Specialist should recommend a more complete assessment/evaluation.

Social/Support System:

- Does the involved adult have family, friends, neighbors, or organizations available to assist them? How reliable and effective is this assistance?
- What is the frequency and quality of assistance available to the involved adult from informal and formal support systems?
- How often is the involved adult able to interact socially, and with whom?
- Is there a caregiver involved? If so:
  - Does the involved adult exhibit an unwillingness to discuss problems or injuries in the caregiver's presence?
  - Does the involved adult appear fearful of the caregiver or anxious to please them?
  - Is the involved adult frustrated or angry with the caregiver?
  - Does the involved adult look to the caregiver before or while answering questions?
  - Does the caregiver have negative feelings, attitudes or behaviors towards the involved adult?
  - What stresses if any has the adult placed on the caregiver and their family?
  - Does the caregiver exhibit exaggerated defensiveness or over concern?
  - Does the caregiver talk over the involved adult, or do they give the adult the opportunity to speak on their own?
  - Does the caregiver lack knowledge of the involved adult's health and needed care?
  - Does the caregiver exhibit an unwillingness or reluctance to comply with service providers in planning and delivery of care?
  - Does the caregiver attempt to isolate the involved adult from their friends or other family members?
  - How does the caregiver explain the injury, neglect or exploitation report?

Financial:

- What is the involved adult's source and amount of income and assets? Is it adequate to meet their needs?
- What is the involved adult's knowledge of their income and resources?
- What is the involved adult's ability to manage their finances?
- Have there been any financial "red flags", such as utility cut-offs or inability to pay for medication?
- Does the involved adult receive all the income there are entitled to? If not, why?

- Are there conflicts about money between the involved adult and caregiver or guardian?
- Is there any evidence or symptoms of dementia, disorientation, or memory issues that can put the adult at high risk for exploitation?

Assessing Capacity

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 59-3064
Policy: PPM 10224 Assessment of Involved Adult
Form: PPS 10610 Decision Making and Functional Assessment: Criteria for Legal Impairment

In this case, capacity refers to the ability to make, communicate, or carry out responsible decisions concerning an individual's own well-being. Factors for the APS Specialist to consider when determining if a full capacity assessment is needed include:

- Does the involved adult have the ability to make and communicate a choice from the realistic choices available?
- Can the involved adult maintain the choice until it can be implemented?
- Can the involved adult understand the information that is relevant to the choice that is to be made? Can they also apply this information to their own situation?
- Can the involved adult compare risks and benefits of available options? Can they weigh more than one option at the same time?
- Can the involved adult give a logical explanation for the choice in terms of risks and benefits?

Form PPS 10610 Decision Making and Functional Assessment: Criteria for Legal Impairment is also available for the APS Specialist to reference when identifying if a more thorough assessment needs to be completed by one or more of the professionals identified in K.S.A. 59-3064 (linked above). The involved adult may need a guardian and/or conservator to help them maintain a better quality of life. Guardianship and conservatorship will be explored further in the Service Planning section.

Emergency Situations

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statutes: K.S.A. 39-1437
K.S.A. 59-2948
K.S.A. 59-2952
Policies: PPM 10224 Assessment of Involved Adult
PPM 10500 Providing Services
PPM 10511 Emergency Admissions to Nursing Facilities
Forms: PPS 10120A Potential Criminal Notification Coversheet
PPS 10510 Emergency APS Admissions to Nursing Facilities

Health Emergency

In case of a medical emergency or explicit or implicit threats of violence, the APS Specialist should call 911. If law enforcement is present, please note they are often more familiar with the statutes regarding child protection

and may believe they are able to place an adult in police protective custody so that APS can take custody of the involved adult or make the involved adult a ward of the state. In this case, the APS Specialist will need to explain to law enforcement that there are no existing statutes in the State of Kansas which grant any legal authority for APS or law enforcement to place an adult in protective custody.

The APS Specialist may need to explain, if appropriate in the case situation, that Involuntary Commitment for Care and Treatment of Mentally Ill Persons may be an option in accordance with K.S.A. 59-2948 and K.S.A. 59-2952. The APS Specialist may also need to explain the guardianship process, placement options that are available, and/or the time it may take to get the involved adult into a safe situation when they lack capacity and there is no one to make decisions on their behalf. The APS Specialist may cite K.S.A. 39-1437 if necessary.

Suspicion of Commission of a Crime

The determination to notify law enforcement of a potential crime should happen during the initial screening at KPRC. However, if during the assessment or investigation the APS Specialist has suspicion that a crime was committed and was not identified during the initial screening, a report needs to be made to local law enforcement utilizing form PPS 10120A Potential Criminal Notification Coversheet, with form PPS 10100 and form PPS 10110 attached.

Emergency Admissions to Nursing Facilities

If an involved adult does not have a guardian/conservator in place and APS has assessed that the adult may benefit from being placed in a nursing facility, the adult must be willing to go to the nursing facility. As previously referenced, admission to a nursing facility is precluded by a Client Assessment, Referral and Evaluation (CARE) assessment. When an emergency assessment is needed before a CARE assessment can be completed, the APS Specialist should follow policy PPM 10511 Emergency Admissions to Nursing Facilities to do an emergency admission.

Purchasing for Clients

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430
Policy: PPM 10515 Payment Process for Emergency Services and Support Funds
Form: PPS 2833 PPS Client Purchase Agreement
Other: Kansas DCF PPS Handbook for Client Purchases

Purchasing Process

DCF may assist clients with emergency expenses, provided the following conditions are met:

1. Individual must be 18 years of age or older and not in the custody of DCF.
2. Individual resides in the community.
3. There is an open Adult Protective Service investigation.
4. There are no other existing resources to provide the services on an emergency basis.
5. The individual does not have resources, including from readily available family and friends.

These expenses may include, but are not limited to, rent, furniture, repairs, household items, household cleaning, moving expenses, utilities, clothing, food, transportation expenses, medical/dental/vision/mental health care, medications, and/or medical supplies. Please note, medically necessary expenses paid by APS funds may be allowable against spend down for Medicaid, which means that those who have too much income to qualify for Medicaid may qualify if the excess income is spent on medical bills.

Please note: The process for purchasing, such as timeframes, use of and limits on a DCF credit card, completing a Client Purchase Agreement, and others, varies from region to region. Each APS Specialist should become familiar with the details of the process in their region prior to purchasing for clients.

Client Purchase Agreement

When it's determined the involved adult is in need of emergency funds, the APS Specialist will contact their supervisor with a request to spend the funds, which must include a quote. The approval process and the use of PPS 2833 Client Purchase Agreement varies by region, so the APS Specialist should be clear on this process. If a DCF credit card (called a P-card) is being used, the following criteria apply:

- If the APS Specialist's card is being used for purchases under $1000, the APS Supervisor must approve the use of the card.
- If the supervisor's P-card is being used, the APA must approve the use of the card.
- If the APA's P-card is being used, the Program Administrator or the Deputy Director must approve the use of the card.

Please note, for items $1000-$4999, the regional Program Administrator (or designee) will need to approve the Client Purchase Agreement. For items more than $5000, a state contract is required, which should first be discussed with the APS Supervisor since this process involves collecting bids and pursuing approval from the Kansas Department of Administration.

The Client Purchase Agreement is used regardless of the type of purchase to be made. The APS Specialist should also document in the KIPS record notes that the involved adult does not have the funds available and no other resources exist.

i. Purchasing a Good: Goods may be clothing, utilities, food, transportation, medication, moving services, or other tangible or consumable products. When a good is being purchased, the APS Specialist will need to describe the item and why it's needed and provide the cost. **The purchase of a hard good is tax exempt (utilities are not included), so the worker should take their tax-exempt certificate and State ID with them when purchasing.**

ii. Purchasing a Service: If an APS Specialist needs to purchase a service, they should reach out to their supervisor to determine if a Provider Agreement is needed. A Provider Agreement is an agreement between the service provider and DCF for the specific services the provider offers. If a new service provider is being used, there are required forms in the DCF Handbook for Client Purchases and the APS Specialist should check with their supervisor regarding the process in their region.

Services allowed by DCF include:

- Psychological Testing
- Respite Care**
- Transportation, Non-Medical**

**Please note, Respite Care and Non-Medical transportation are the most common services paid for by APS.

When purchasing a service, the APS Specialist should work with the client to choose a provider from the current list of providers prior to completing the Client Purchase Agreement. Because the provider will also need to sign the agreement, the APS Specialist should obtain the approval signature needed prior to having the provider sign. If the services are to be provided in a nursing facility or home care, the Medicaid rate should be discussed with the provider. For any service, there must be a clear start and end date.

Making a Finding

Case Findings

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 39-1430
Policies: **P**PM 10300 Case Findings
PPM 10315 Corrective Action Plans
Form: PPS 10250 Corrective Action Plan
Appendix: Appendix 10B Guidelines to consider when making a finding

After reviewing all the information gathered during the investigation, Adult Protective Services must make a case finding of substantiated or unsubstantiated within 30 days for abuse, neglect, or self-neglect and within 60 days for financial exploitation. The standard of proof used to determine this is "clear and convincing evidence", which is defined as "the evidence which shows the truth of the facts asserted is highly probable." (PPM 10330A) Appendix 10B (linked above) provides guidelines to consider when making a finding. Specific scenarios identifying clear and convincing evidence examples will be explored in further training.

A finding is **substantiated** if Adult Protective Services has found "the facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. definition of abuse, neglect, or financial exploitation." (PPM 10300(A)(2), K.S.A. 39-1430(b-d)). If this criterion has not been met, then the case is **unsubstantiated. Please note, the APS Specialist does not need to make this finding on their own and should review the evidence with their supervisor prior to making a finding.**

Corrective Action Plan

The purpose of a CAP is to restore money or property to an involved adult by creating an individualized plan with the alleged perpetrator and the involved adult. A CAP is only offered on a case by case basis in consultation with the APS Supervisor when the allegation is financial exploitation and the finding is substantiated.

The APS Specialist should use the criteria in policy PPM 10315 to determine whether to offer a CAP, the steps for completing one using form PPS 10350, and the steps after completion or after failure to complete.

Required Case Finding Documentation

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statutes: K.S.A. 39-1433(a)3-(d)
Policies: PPM 10320 Required Documentation for Case Findings
PPM 10321 Notification to Community Based Facilities or Adult Care Homes
PPM 10400 Accessing Information from the Central Registry
Forms: PPS 10125 Notification to KDADS Licensed Community Based Facility Chief Administrative Officer Regarding APS Intake/Investigation
PPS 10250 Corrective Action Plan (only required if it was used)
PPS 10300 Notice of Agency Decision
PPS 10310 Notification to Regional Adult ANE Central Registry Contact

PPS 10320A Notice of APS Case Closure- For Self-Neglect Cases
PPS 10320B Notice of APS Case Closure- Non-Self-Neglect Cases
PPS 10340 Notification to Facility Regarding APS Finding
PPS 10350 Notification to Law Enforcement of APS Substantiated Finding
PPS 10360 Report to State Regulatory Authority from APS Regarding Finding of ANE
PPS 10370 ANE Unit Cover Sheet (only required for substantiated findings of ANE)

Before making a finding, all documentation in KIPS must be complete, in order, and ready for outside review. The documentation should be:

- Completed within the required time frame;
- Clear, concise, factual, and objective;
- Free of jargon (acronyms should be spelled out initially);
- Based on a credible source of information;
- Objective with verifiable facts. Medical information should always be attributed to the source and labels or diagnoses should not be used unless furnished by a medical professional; and
- Without inclusion of subjective opinions when documenting observed behavior of the client.

The purpose of this documentation is to substantiate the APS Specialist's actions and conclusions, not simply a memory aid for the APS Specialist. **It becomes a legal document as it is being written.**

Five Elements of a Finding Decision

In accordance with policy PPM 10320A(1)(A), "the minimum five elements are required in a finding note, but are not limited to:

1. Summary of allegations including, but not limited to, vulnerability, cognitive status, and legal representative.
2. Summary of interview with the Involved Adult (IA).
3. Collateral information which helps support the finding.
4. Summary of interview with the Alleged Perpetrator (ALP) /Unable to interview ALP.
5. Finding is based on evidence that meets or does not meet the clear and convincing standard of proof."

The supervisor is required to enter a finding note in KIPS that includes the five elements. Most regions review substantiated findings with the regional attorney prior to making the finding to ensure the case is appropriately documented.

Notice of Agency Decision

The involved adult or their guardian should be notified of the APS finding, as well as the alleged perpetrator (except in cases of self-neglect) in accordance with policy PPM 10320. Depending on which other entities are involved, there may be other notifications needed to one or more of the following:

- Law enforcement
- County/District attorney
- Economic and Employment Services (EES)
- Adult Care Home or Community-Based Facility
- KDADS Quality Management Specialists

- Attorney General's Abuse Neglect, and Exploitation Unit
- Medicaid Fraud Unit
- Other applicable state regulatory authority
- DCF PPS Administration when an alleged perpetrator is a person who works, resides, or volunteers in a childcare facility, foster home or group home

Details regarding notification of one or more of these entities, including circumstances under which notification is needed, time frame of notification, and format/form to be used for the notification, are detailed in policy PPM 10320 and policy PPM 10321.

Due Process

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statute: K.S.A. 75-3306

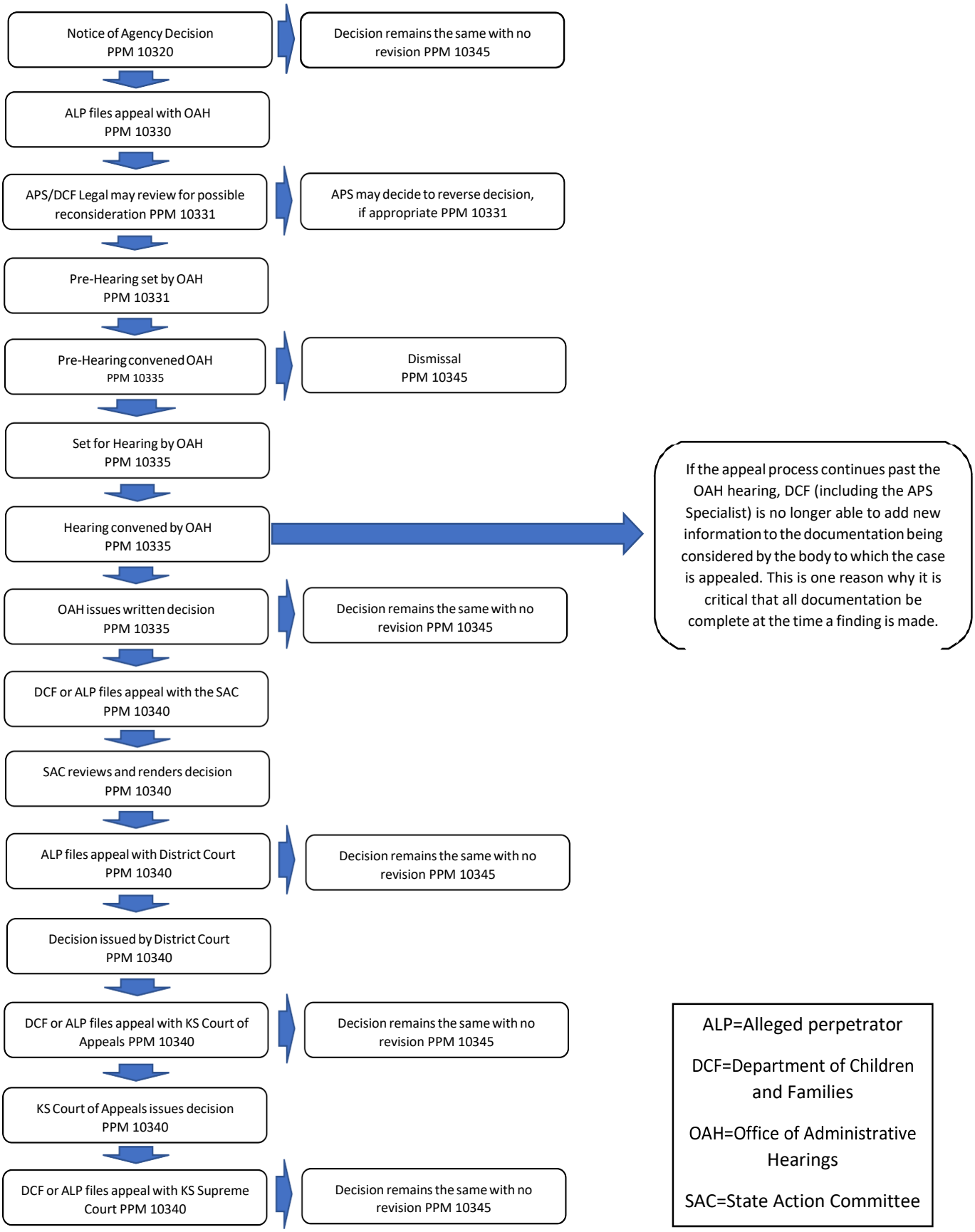
Policies: PPM 10330 Request for a Fair Hearing
PPM 10331 Agency Response to a Request for a Fair Hearing
PPM 10335 Pre-Hearing and Fair Hearing
PPM 10340 Post Fair Hearing Appeals
PPM 10345 Actions Following Final Decisions

Form: PPS 10330 Appeal Summary

Fair Hearing and Appeals Process

If a substantiated finding is made, the alleged perpetrator has the right to appeal the decision within 30 days. The following chart shows the steps in the appeals process, along with the corresponding policy number that provides details such as the statute governing the process (if any), the timeframe for the appeal and the role of APS in that stage of the appeal:

(next page)


Notice of Agency Decision PPM 10320
Decision remains the same with no revision PPM 10345
ALP files appeal with OAH PPM 10330
APS/DCF Legal may review for possible reconsideration PPM 10331
APS may decide to reverse decision, if appropriate PPM 10331
Pre-Hearing set by OAH PPM 10331
Pre-Hearing convened OAH PPM 10335
Dismissal PPM 10345
Set for Hearing by OAH PPM 10335
Hearing convened by OAH PPM 10335
If the appeal process continues past the OAH hearing, DCF (including the APS Specialist) is no longer able to add new information to the documentation being considered by the body to which the case is appealed. This is one reason why it is critical that all documentation be complete at the time a finding is made.
OAH issues written decision PPM 10335
Decision remains the same with no revision PPM 10345
DCF or ALP files appeal with the SAC PPM 10340
SAC reviews and renders decision PPM 10340
ALP files appeal with District Court PPM 10340
Decision remains the same with no revision PPM 10345
Decision issued by District Court PPM 10340
DCF or ALP files appeal with KS Court of Appeals PPM 10340
Decision remains the same with no revision PPM 10345
KS Court of Appeals issues decision PPM 10340
DCF or ALP files appeal with KS Supreme Court PPM 10340
Decision remains the same with no revision PPM 10345
ALP=Alleged perpetrator
DCF=Department of Children and Families
OAH=Office of Administrative Hearings
SAC=State Action Committee

Attorneys

The DCF Regional Attorney should be notified immediately when an appeal is filed. The alleged perpetrator may hire an attorney at any point of this process. In addition to aiding the alleged perpetrator throughout the appeals process, an attorney may request a settlement. If an APS Specialist receives this request, they should contact their supervisor, the APA and the DCF Regional Attorney immediately.

The involvement of a DCF Attorney in the appeals process is based off of regional practices per the guidance and direction of current DCF leadership. The APS Specialist should rely on their supervisor for further instruction.

Adult Abuse, Neglect and Exploitation Central Registry

The Adult Abuse, Neglect and Exploitation (ANE) Central Registry is a statewide registry identifying, after due process, persons substantiated for the abuse, neglect, financial exploitation and fiduciary abuse of vulnerable adult. After due process is exhausted or the alleged perpetrator elects not to file an appeal, their name will be added to the Central Registry, which can then be checked by individuals, organizations, or companies if the form PPS 10400 Adult ANE Central Registry Release of Information is completed.

The Center for Medicare & Medicaid Services (CMS) requires that Kansas agencies receiving federal funds screen their staff through the Adult ANE Central Registry. If any APS staff member receives questions about the Adult ANE Central Registry, they should refer to the APA.

Service Planning

Defining Service Planning

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10500 Providing Services
Form: PPS 10500 APS Service Plan

Service plans are created **with the involved adult or guardian** when:

- Additional services or assistance are needed after the case finding has been made;
- A guardianship may be needed; and/or
- On-going monitoring or follow-up is needed to help ensure the involved adult's continued safety.

The Service Plan form (PPS 10500) requires documentation of reported concerns/problems, desired outcome(s), actions needed by the involved adult, the care provider, and/or the involved adult.

Service plans must be opened in KIPS within the investigation period. Service plans may remain open so long as needed but must be staffed with a supervisor for an update every 60 days and must be renewed every 180 days.

Determining Needs

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Form: PPS 10610 Decision Making and Functional Assessment: Criteria for Legal Impairment

Determining needs may involve ethical considerations. APS must balance the often-conflicting issues of protecting the adult and honoring the adult's right to self-determination. Three critical factors to consider when determining need are **risk, informed consent,** and **capacity/competency.**

The assessment process that occurs during the investigation will provide some context on these critical factors. The APS Specialist should assess the current risk to the involved adult, living environment, functional ability, physical health, mental/psychosocial health, social/support system, and financial issues. To determine if the involved adult may need a referral to a professional who has the ability and credentials to assess their capacity, the APS Specialist may use form PPS 10610 Decision Making and Functional Assessment: Criteria for Legal Impairment, and/or may obtain documentation from the involved adult's facility, doctor, or other medical records.

As far as the involved adult's willingness to accept help, they will fall into one of the following categories:

Capable and consenting: if the involved adult is in this category, the APS Specialist's job is to give information, help the involved adult evaluate options, and respect the decisions they make.

Capable and non-consenting: If the involved adult is in this category, the APS Specialist still must respect their wishes. However, rather than give up immediately, the APS Specialist still can try to build a trusting relationship and provide acceptable options to the involved adult.

Incapable and consenting: If the involved adult is in this category, the APS Specialist should consult with their supervisor to ensure all ethical issues are being considered. Documentation should be clear.

Incapable and nonconsenting: This would indicate the need for involuntary interventions, especially if the risk is very high.

(San Diego State University School of Social Work, 2013)

Developing the Plan

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policy: PPM 10500 Providing Services

Forms: PPS 10210 Authorization for Release of Confidential Information
PPS 10500 APS Service Plan

The Service Plan should be developed with the involved adult and/or their guardian, if they have one. If the involved adult is determined to be incapacitated and a durable power of attorney has been activated, then they may have a third party involved in the service planning.

Family members may be involved if the involved adult wishes and if the PPS 10210 Authorization for Release of Confidential Information is completed (located in Appendix C). Following the format of the PPS 10500 APS Service Plan, the APS Specialist and the involved adult and/or guardian should discuss:

- What the involved adult sees as the need(s)/problem(s) and their desired outcome(s)
- What the family member, care giver, guardian/conservator and/or APS Specialist sees as the need(s)/problem(s) and desired outcome(s)
- The actions needed by the involved adult
- The actions needed by family member/care giver
- The actions needed by the APS specialist

Actions should be realistic, concrete, and time-limited. It may be necessary to break larger actions down into smaller, more specific steps.

Strengths Perspective

The Strengths Perspective "puts the strengths and resources of people, communities, and their environments, rather than their problems and pathologies, at the center of the helping process." (University of Kansas School of Social Welfare, n.d.) While the Service Plan form starts with documenting the problem/concerns, the planning process can start by identifying the strengths of the involved adult.

Sometimes strengths and resources can be challenging to identify. Instead of labeling an involved adult as manipulative, consider reframing this as the involved adult has developed adaptive skills to cope and survive their situation. Instead of labeling an involved adult as using poor judgment or codependent, consider reframing this as the involved adult has an abundance of kindness and compassion. This is not designed to deny or misrepresent the challenges present, but instead to approach the planning process from a hopeful lens with recognition of the strengths that can be utilized in the plan.

Ethical Considerations

When defining the need(s) and building the service plan, the APS Specialist should be mindful of their own values. For example, is APS respecting the involved adult's right to self-determination? Is the APS Specialist making judgments or recommendations based on what they would do in a situation?

Cultural Considerations

The APS Specialist should also be sensitive to the involved adult's culture and values, which can impact "family relationships, expectations, and conduct" (San Diego State University School of Social Work, 2013, p. 49). The planning process, including which options the involved adult will consider, who should be a part of the planning process, and who should help the involved adult, will all be impacted by these cultural considerations.

Interventions and Resources

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Policies: PPM 10224 Assessment of Involved Adult
PPM 10500 Providing Services

In accordance with policy PPM 10500 Providing Services, the following is a continuum of interventions in order of least restrictive to most restrictive:

1. Informal community intervention including family, friends, financial assistance such as bill paying, etc. from banks or other;
2. Formal community intervention including but not limited to Home and Community Based Services or Home Health Care if the Involved Adult has capacity and there is an appropriate option for health care decisions;
3. Social Security Payee;
4. Power of attorney/Durable power of attorney;
5. Voluntary conservatorship;
6. Temporary Guardianship and/or Temporary Conservatorship;
7. Full Guardianship and/or Conservatorship with a plan;
8. Full Guardianship and/or Conservatorship;
9. Full Guardianship and Conservatorship with placement in a treatment facility or nursing facility.

Local Interventions and Resources

APS Specialists should become familiar with the resources available in their community. Some examples are:

- APS face-to-face visits with the involved adult
- Financial intervention (with an appropriate release of information signed), such as:
    - Calling the bank or credit card company to place an alert on the involved adult's account
    - Meeting with the involved adult and/or a caretaker to discuss financial problems identified during the investigation
    - Discussing the option of voluntarily accepting a Representative payee
- Referrals for financial/economic resources, such as:
    - Emergency shelter, food, or clothing
    - DCF benefits, such as food assistance or Energy Assistance (LIEAP)
    - Food banks
    - Church- or community-based emergency financial assistance
    - Employment agencies
- Referrals for mental health services, such as:

    - In-home mental health services
    - Counseling/therapy at the Community Mental Health Center
- Legal referrals, such as:
    - Kansas Legal Services
    - Protection from Abuse orders
    - Private attorneys
- Referrals for victim services, such as:
    - Domestic violence/sexual assault program
    - Prosecutor or law enforcement-based victim services coordinator, if there is a criminal case against the alleged perpetrator
- Referrals for educational services, such as:
    - Vocational Rehabilitation
    - Self-defense training
    - Budgeting classes
- Environmental intervention, such as:
    - Moving to safer housing, assisted living, or nursing facility
    - Home improvements
    - HUD programs (local housing authority, public housing, etc)
    - Increased socialization through adult day care, senior center, friendly visitor programs, churches, etc.
- Resources to support staying in the home, such as:
    - Meal services/Meals on Wheels
    - Housecleaning services
    - Attendant care
- Referrals for Health/Medical services, such as:
    - Health screening
    - Dental Care
    - Home health
    - Public health department services
- Resources to assist caregivers, such as:
    - Respite care
    - Support groups

Other Programs/Assessments

Please note, for services connected to KDHE, the APS Program Administrator serves a liaison and can assist with questions.

Medicare Medicare is a federal health insurance program for people who are 65 or order and certain younger people with disabilities.

Medicaid Medicaid provides health insurance coverage to eligible low-income adults, elderly adults, and people with disabilities (among others). Medicaid is administered by the state according to federal requirements. KanCare is the program through which the state administers Medicaid. KDHE administers KanCare for the state of Kansas.

Every KanCare beneficiary will be assigned to one of three health plans: Aetna Better Health of Kansas, Sunflower Health Plan, and United Healthcare Community Plan of Kansas. These are also known as Managed Care Organizations (MCO).

The following programs are also Medicaid programs:

Medicare Savings Program (MSP) This program is for Medicare recipients and helps with some out-of-pocket expenses. Individuals must have or be eligible for Medicare Part A and have income and resources below the MSP threshold.

Qualified Medicare Beneficiary (QMB) This program pays for or lowers Medicare Part A, B, and D as well as premiums and cost-sharing expenses.

Low Income Medicare Beneficiary (LMB) This program pays for or lowers Medicare Part B and D as well as premiums.

Expanded Low Income Medicare Beneficiary (ELMB) This program pays for or lowers Medicare Part B and D as well as premiums.

Home and Community-Based Services (HCBS) Waivers HCBS within KDADS provides oversight for the system of community-based services and supports. These services are provided through seven HCBS waiver programs:

- Autism (AU) over 6 years
- Frail Elderly (FE) 65+ years
- Intellectual/Developmentally Disabled (I/DD) 5+ years
- Physical Disability (PD) 16-64 years
- Serious Emotional Disturbance (SED) 4-18 years
- Technology Assistance (TA) 0-21 years
- Brain Injury (BI) 0-64 years
- Institutional Transitions
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)

Contact the local Aging and Disability Resource Center (ADRC) or the statewide ADRC call center at 1-855-200-2372 for further functional assessment and eligibility information, with the exception of the I/DD waiver. In that case, contact the local Community Developmental Disability Organization (CDDO) for an eligibility assessment.

Client Assessment, Referral and Evaluation (CARE) The CARE program, more commonly known as the nursing facility assessment, is designed to provide individualized information on long-term care options and determine appropriate placements in long-term care facilities. These assessments are completed through the local Area Agency on Aging (AAA), also known as the ADRC. A CARE assessment is required for nursing facility admission, as an assessment must be complete for the facility to receive Medicaid payments. If the involved adult does not go into a nursing facility at the time the CARE assessment is completed, the assessment expires after one calendar year.

Social Security To qualify for Social Security benefits, an individual must be age 62 or older, or disabled or blind, and have enough “work credits” to qualify, ensuring they have paid taxes into the Social Security fund. Social Security benefits may also include Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). Each have their own eligibility requirements, but prior work history is not a factor.

Please note, receiving SSI benefits will automatically qualify an individual for Medicaid, but that individual must still apply for Medicaid. That is not completed by the SSA office.

If the involved adult receives Social Security funds, they may be eligible for a payee, a person appointed by the Social Security Administration (SSA) to take control and responsible of another person's Social Security funds. A representative payee is appointed by the SSA and may be an individual or an organization. An individual payee can be someone that the adult lives with, a family member, a friend, lawyer, legal guardian or others. Individuals may not charge fees for this service. Some organizational representative payees, such as a social service agency, institution, or official of a state or local government agency or financial organization, do not charge a fee. However, some organizations meet special requirements to become a Fee for Service (FFS) payee and may collect a fee with written authorization from the SSA.

Presumptive Medical Determination Team (PMDT) at KDHE PMDT requires that an individual apply for SSDI. Application for SSI is not a requirement. PMDT Tier 1 determination is not time limited. PMDT Tier 2 (MediKan) is limited to 12 months from the month of approval and the 12 months runs consecutively, regardless of it later being discontinued due to increased income/resources, etc.

Additionally, all individuals who apply for Elderly & Disabled/LTC Medicaid MUST pursue potential resources. If they are under 65, they must apply for disability benefits. If they are 65 and older, they must apply for their SSA Retirement benefits. Once eligible for Medicare, they must pursue that as well.

Proof of the application must be verified by the PMDT Tiered Verification Process. Failure to Cooperate/pursue potential benefits will result in a denial.

Guardianships and Conservatorships

*The statutes/policies/forms associated with this section are listed below. These sources supersede the information in this section. Appendix A also includes the statutory definitions of terms discussed in this section.

Statutes:[1] K.S.A. 39-1437
K.S.A. 59-3051
K.S.A. 59-3068
K.S.A. 59-3075
K.S.A. 59-3078

Policies: PPM 10224 Assessment of Involved Adult
PPM 10500 Providing Services
PPM 10600 Guardian, Conservatorship, and the Kansas Guardianship Program
PPM 10620 Referral to Kansas Guardianship Program (KGP)
PPM 10622 Bonding of Conservators
PPM 10630 Guardianship and/or Conservatorship Services for Youth in DCF Custody
PPM 10630 Procedures Following Appointment of Guardian and/or Conservator
10650 Request for Successor and Termination of Guardian and/or Conservator

Forms: PPS 10600A Adult Guardianship/Conservatorship Referral/Notification
PPS 10600B Youth Guardianship/Conservatorship Referral

[1] Please note, there are additional statutes related to guardianships and conservatorships. Please contact a DCF attorney for more information.

Guardianships and conservatorships are designed to help protect those who are unable to care for themselves or act in their own best interest and are appointed by the court. The purpose of a conservator is to make financial decisions for the involved adult. The purpose of a guardian is to make personal and health-related decisions for the involved adult. There are important limitations to guardianship that the APS Specialist needs to understand; a guardianship is not always the most appropriate option and should only be used "as a method of last resort" and after all other less restrictive alternatives have been explored (Kansas Guardianship Program, 2021).

Please note, these roles are different than a power of attorney or durable power of attorney. Those in power of attorney and durable power of attorney roles are chosen by the involved adult and put into place before they become incapacitated. The power of attorney grants a third party the legal authority to act on the involved adult's behalf before they are incapacitated. The durable power of attorney is enacted when the involved adult becomes incapacitated and stays in place until the involved adult passes away or until it is revoked by the court.

There are three types of guardianships/conservatorships that may impact the involved adult:

- Voluntary Conservator- requested by the involved adult to make financial decisions on their behalf. The involved adult must have the capacity of knowing what they are signing in order to petition the court.
- Temporary Guardian and/or Conservator- appointed when there is an imminent threat to the health or safety of an alleged impaired adult in the case of a guardian, or an imminent threat to the financial resources of the involved adult unless immediate action is taken in the case of a conservator.
- Involuntary Guardian and/or Conservator- appointed by the court for an involved adult who has been determined to lack the capacity to consent and is in need of protective services.

An individual known to the involved adult is the first guardian option to explore. If there is no one who is willing or appropriate to serve in that capacity, the involved adult may qualify for the Kansas Guardianship Program (KGP) if they meet the income/resource guidelines. The KGP trains citizen volunteers charged with assisting adults who have been legally determined to be unable to manage for themselves.

If the APS Specialist believes there may be a need for a conservator or guardian for the involved adult, they should consult with their supervisor and a DCF attorney. Because pursuing any guardianship or conservatorship is a legal process, the policies listed above should be reviewed in detail before any action is taken.