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# Aging and Disability Resource Center of County Elder Adults / Adults-At-Risk

**Memorandum of Understanding (MOU)**

**March 2013**

**Purpose**

The purpose of this memorandum of understanding (MOU) is to define the roles and relationships of County Human Services Department's Elder Adults/Adults-at­ Risk and Adult Protective Services (APS) Unit and the Aging and Disability Resource Center (ADRC) of County they work together to assure the care and safety of adults at risk who have been abused, neglected or financially exploited.

## Roles of Each Agency ADRC

ADRC is a central source of specialized information, assistance and access to

community resources for older people and adults with disabilities as well as their families and caregivers. Individualized assistance is available at the ADRC over the telephone, in the office, in a consumer's home or another location that is convenient to the consumer,

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

* Ensure staff are informed and knowledgeable about APS programs including a general understanding of Chapter 51, 54, and 55 as well as when to report abuse, neglect or financial exploitation.
* Establish a process for ADRC staff to refer to APS. (Elder Abuse/Adults At Risk Line 261-9933; Guardianship line 242-6200)
* Report to APS suspected instances of neglect, self-neglect, financial exploitation or abuse in a timely manner.
* Coordinate with and provide information to APS in order to assist them in their investigation, development of necessary court documentation and protection of the adult at risk.
* Provide ADRC Core required services:
  + Information and Assistance about services, resources and programs in areas

such as: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, public benefits, employment and training for people with disabilities, home maintenance, nutrition, assistive technology and other topics;

* Pre-admission Consultation (PAC) to consumers and families considering

assisted living admission;

* Options Counseling and advice about the choices available to meet an individual's long-term care needs;
* Access to publicly-funded long term care including administration of the Adult

Long Term Care Functional Screen, and a referral to Care WI or placement on

the waitlist for publicly funded long term care options;

* Provide Short-term Services Coordination of 60 days or less for individuals who require this assistance, and who have no support person or service able to do

this for them;

* Benefits Counseling to help individuals navigate the complex system of public and private benefits by providing accurate and current information, and

assisting individuals to apply for, and address problems with Medicare, Social Security, and other state and federally-administered benefits.

* Keep APS informed of results of eligibility when a Long Term Care Functional Screen is completed.
* Designate a specific individual to be an on-going member of the adults-at-risk interdisciplinary team.
* Provide contact information for an ADRC liaison with the APS agency.

## APS

County's Elder Adults(Adults age 60+) / Adults-at-Risk(Adultsage 18-59) and Guardianship Protective Services Unit (APS) respond to reports of abusive or neglectful situations involving an adult at risk. *(Adult at risk will refer to both adults and elders age 18+)* APS staff investigates the incident and then, based on communications with partners such as ADRC staff and the local long term care waiver units make recommendations for services to meet the needs of the adult at risk. This includes working with the court and others to assure protection in the immediate term, and services over the longer term as required for improving or correcting the situation.

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

* + Receive and respond to reports of abuse and neglect concerning individuals at risk. Response may include, but is not limited to: a visit to the home, an

interview with the guardian or other agent, a review of health care or financial records, transport to a medical examination, guardianship petition with the court, referral to law enforcement for investigation of a crime, or referral to state regulatory bodies.

* + Organize, plan and deliver services from existing public and private agencies to adults at risk who voluntarily accept recommended programs.
    - Provide short term care coordination.
    - Work with law enforcement when there is an abuser.
    - Determine when services or placement can be provided without consent of the individual, either with consent of a guardian or under a court order. Services, even protective placement, must be provided under the least restrictive conditions necessary to achieve their objective.
    - Establish protective services and protective placements for people who need them because of serious and persistent mental illness, degenerative brain disorder, developmental disabilities, or other like incapacities with the least possible restriction on personal liberty and exercise of constitutional rights.
    - Provide ongoing court liaison regarding protective placement issues. This includes, but is not limited to, conducting an annual review of court-ordered placements (i.e., Watts Reviews) based on information from other sources.
* Train and update ADRC staff regarding the recognition of neglect, self-neglect, financial exploitation or abuse; legal requirements, and reporting protocols.
* Ensure APS staff are informed and knowledgeable about ADRC services and when to refer a client to the ADRC for assistance.
* Provide contact information for an APS liaison with the ADRC.
* Establish a process for APS staff to refer clients to or request consultation from the ADRC for services.
* Assist ADRC staff in gathering information needed to provide l&A, options counseling, benefit counseling and to determine functional and financial eligibility.
* Follow-up with the ADRC for the purpose of service coordination between the ADRC and APS.

## Shared Responsibilities

Both ADRC and APS staff will consult on a participate with the Long Term Care Waiver Program to ensure that a plan of services is in place to address long-term protection needs and comply with court orders or, if needed, to coordinate an urgent services agreement. Unless determined otherwise, the Waiver staff will communicate directly with APS staff relating to their level of involvement in developing a sustainable plan of services.

### Process for ADRC reporting suspected abuse, neglect or financial exploitation to the APS agency.

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

ADRC of County Information and Assistance (l&A) staff take incoming calls from older adults, adults with disabilities and their families on a variety of concerns.

Issues of abuse, self neglect, neglect, financial exploitation and/or sexual abuse may be discussed upon first phone contact or following home visits or office visits when assessment and options counseling occur.

### When To Refer

When the ADRC staff receives a call to report elder abuse or has contact with a person who may be suffering from abuse, neglect, or financial exploitation, a report should be made to the county APS agency.

In situations involving allegations of physical or sexual abuse, financial exploitation or neglect by others, the case should be referred as quickly as possible to the County Human Services APS Unit: Ideally, within 24 hours of the report.

When allegations involve self-neglect, significant danger is not being reported, and consumers voluntarily request assistance with service connection, ADRC staff may respond without reporting to APS. Self-neglecting individuals may simply be unaware of the options available to help manage their needs. In some cases, the situation may be controlled without the involvement of APS. However, if the neglect

continues or becomes a significant danger, a report should be made so APS staff can respond with the tools available to them, including legal intervention.

### Who Makes Decision To Refer?

l&A staff are the ADRC employees who will be the primary referrers to the APS unit. Benefit Specialist staff may also make referrals, but are more likely to consult with and ask for assistance with APS issue from the l&A unit staff prior to, or in lieu of making direct referrals. Elder Benefit Specialists are not permitted to report elder abuse without the consent of the consumer; except in circumstances where it is likely to result in death or substantial bodily harm or in substantial injury to the financial interest or property of another. EBSs are required to contact their supervising attorney prior to any disclosure or breach of client confidentiality. If ADRC staff has reason to believe that someone is being abused, neglected or

exploited, they will discuss the case with other ADRC l&A team members and/or with their supervisor. If there is still doubt about referring, l&A staff will always err on the side of contacting APS.

In addition, the APS staff at County Human Services agrees to be available for consult on individual cases prior to referral. l&A staff will contact the APS Unit Supervisor, , and request a consultation to assist in the decision to report should the need to refer be uncertain or unclear.

### Referral Process

Should issues of abuse or neglect be assessed by staff, l&A staff will make direct referrals to:

Elder Abuse / Adults at Risk Helpline

Add phone number

within 24 hours of the identified need to report. If requested, l&A staff will share written documentation to aid in the assessment and intervention by APS staff.

For emergency needs outside of business hours (8:00a.m. to 4:30p.m.), l&A staff may contact or request assistance via 9-1-1.

If the circumstance is emergent with individuals at risk of imminent danger or harm, l&A will call 9-1-1 to request police and/or ambulance response. l&A will assist in further coordination and connection to APS following immediate intervention.

### Referral Follow-Up

APS staff will follow-up with the ADRC to inform them of the status of the report and when the case is closed. If there is going to be no further action on the report, APS will contact ADRC regarding need for follow up l&A contact to the individual to offer information, options counseling or assistance to get connected to needed programs and services.

APS staff may request that l&A staff join them on an initial or follow up home visit with the consumer to reduce duplication of effort and facilitate service coordination.

### Process for referring elder adults/adults at risk individuals to the ADRC for Information and Assistance, Options Counseling, Long Term Care Functional Screen, Benefits Counseling or Homebound Meals.

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

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

### Referral Process

APS will refer consumers or their families who are competent and voluntarily requesting ADRC assistance. APS staff will refer the consumer to the ADRC by calling the appropriate ADRC number.

* + ***Information and Assistance Unit- (Phone number )***
    - Complex service connection that requires further assessment and options counseling that APS is not familiar with
    - Caregiver supports via classes or support groups
    - In-Home Worker private pay matches for in-home care
* Long Term Care Functional Screen
* Prevention Programs such as Stepping On Falls Prevention or Living Well with Chronic Conditions
  + ***Benefit Counseling (phone number)***

o Disability Benefit Specialists: Disability applications, appeals, Part D and prescription drug assistance, advocacy, general community benefit programs that APS is not familiar with

o Elder Benefit Specialist: Medicare appeals and advocacy, Medical Assistance applications, Part D and prescription drug assistance, general community programs that APS is not familiar with

APS will share gathered assessment information and relevant consumer information to facilitate efficient and effective service coordination. Both ADRC and APS will make every effort to reduce the number of times the consumer has to tell their story to multiple providers.

### Exchange of confidential Information

All exchanged of information MUST be documented in the consumer's file. ADRC can disclose confidential information to APS pursuant to Wis. Stats.

46.23(3)(e) and 46.283(7)(b). Ordinarily, ADRC will not be able to disclose School Records protected by federal FERPA law [34 CFR 99], AODA treatment records protected by federal law [42 CFR Part 2] or HIV test results protected by Wis. Stat. s. 252.15(3m) without the written and signed consent to release of information directed to APS. APS and ADRC acknowledge completed reports of suspected abuse, neglect and financial exploitation of elder adults at risk or adults at risk are confidential and may not be released by APS except in circumstances indicated under§ 46.90(6)(b)1.-10. and 55.043(6)(b)1.-10. Specifically, APS is authorized by Wis. Stats. 46.90(6)(b)6 and 55.043(6)(b)6 to disclose its report to any agency APS requests to arrange for statutorily defined direct services to the elder or adult at risk [Wis. Stats. 46.90(5m) and 55.043(5m)].ADRC and APS agree report furnished by APS to ADRC cannot be "redisclosed" by ADRC except as authorized by these statutes.

ADRC Liaison to APS

APS Liaison to ADRC

MOU Contacts/Liaisons:

This MOU will remain in effect until there is a written notification from either party that there is a need to change or terminate this MOU.

For DCDHS APS/Elder Abuse/Adult At Risk

By: Date

For Aging and Disability Resource Center of County

By: Date

