

ILLINOIS DEPARTMENT ON AGING(IDoA)
 COORDINATION OF SERVICES FOR ADULT PROTECTIVE SERVICES AND WAIVER
 SERVICE PROVIDERS

Title: Coordination of Waiver Service Providers and Adult Protective Services related to receiving the Report of Substantiation and Client Assessment Form	CREATED: 04/01/2020 By: Sue DeBoer	
	ELECTRONIC FILE NAME: APS ROS Process	
	EFFECTIVE DATE: 06/01/2020	
OPERATIONS POLICY: Adult Protective Services Provider Agencies (APSPA) will provide the Report of Substantiation to CCUs, DHS/DDD, DHS/DRS, DSCC, and MCOs. APSPAs are required to notify these organizations of all ANE/SN cases through providing the Report of Substantiation and the APS Client Assessment.	Last Revisions: NA	By:
	Approved by: Lora McCurdy	Approval Date: 05/15/2020

SEARCH WORD(s): CCP CCU DHS DRS/DDD DSCC MCO APS Report of Substantiation (ROS) Client Assessment Form (CA) Fatality	Pertains to: Adult Protective Services (clients) Care Coordination Units Managed Care Organizations (MCO) Department of Human Services (DDD/DRS) Division of Specialized Care for Children (DSCC)	
REQUIREMENT: Each CCU, DHS/DDD, DHS/DRS, DSCC, and MCO shall receive the Report of Substantiation and the APS Client Assessment regardless of investigation outcome from the Adult Protective Service Provider Agency (APSPA).	REFERENCE(s): <ul style="list-style-type: none"> • 1915(c) Home and Community-Based Services Waiver, Appendix G: Participant Safeguards • Code of Federal Regulations, 42 C.F.R. § 441.301 (2014) • Adult Protective Services Act (320 ILCS 20/8) 	
	Rescinds Previous IDoA Policy:	
	YES	<input checked="" type="checkbox"/> N/A

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Purpose

To improve communication and coordination between Adult Protective Services Provider Agencies (APSPAs) and Care Coordination Units (CCUs), DHS/DDD, DHS/DRS, DSCC, and Managed Care Organizations (MCOs) through receiving the Report of Substantiation and the APS Client Assessment. Through this collaborative process, the roles and responsibilities of the APSPA casework staff as well as the CCUs, DHS/DRS, DHS/DDD, DSCC, and MCOs will be clearly articulated that results in more comprehensive, individualized, and person-centered case/care plans and case work that address the health, safety, and welfare of participants.

Policy

All Adult Protective Services (APS) Assessments that involve CCU, DHS/DRS, DHS/DDD, DSCC, and MCO participants shall receive a Report of Substantiation (ROS) and the APS Client Assessment Form (CA) for all APS cases within 2 calendar days of the substantiation decision. Each Individual Care Provider (Provider) will have a designated email address for the automated notification from the APS Case Management System (CMS). Further, each Provider will have a designated person(s) who is (are) responsible for the incoming email notification, looking up the report in CMS, and then distributing the report to the Care Coordinator.

General Procedures

1. APS services may potentially overlap with services and supports coordinated by Providers. These Providers include, but are not limited to, CCUs, MCOs, DHS-

DDD, DHS-DRS, and DSCC and frequently serve as the lead for the participants receiving waiver services.

2. When there is a mutual participant, the Report of Substantiation ID number is sent electronically by the APS Case Management Systems (CMS) to the Provider's electronic mail address within 2 calendar days of the substantiation decision.
3. Each Provider will provide 2 designees who will be granted limited access to CMS to access and distribute the ROS to the Care Coordinator. For CCUs, Department on Aging's Office of Community Care Services (OCCS) will share the ROS via email until further notice.
4. The Provider will follow up with the participant based on the involvement of APS and the outcome of the Assessment.
5. The Provider shall share the updated Plan of Care with the APSCW, within 5 business days of it being updated, if services were put in place to address Self-Neglect, e.g. money management services, for an open APS case.
6. Subsequent Intake Reports will follow the same process outlined below.

Community Care Program

1. When a CCP participant has a case that has been substantiated and agrees to APS Casework Services, there shall be consultation between entities within **20 calendar days**:
 - a. Each CCU will have a designated email address that OCCS will send the ROS to the CCU to have the ROS distributed to the Care Coordinator.
 - b. After receiving the ROS, the Care Coordinator shall reach out to the APSCW to ensure the CCP Plan of Care is adequate to meet the needs of the CCP participant. Consultation shall occur within 20 calendar days and information that should be shared by the CCU during this consultation are:
 - i. The Plan of Care Notification
 - ii. The Determination of Needs assessment

- iii. The MMSE score (if there is question about a participant's capacity)
 - iv. The Back-Up Plan
 - c. To assist the CCU with follow-up, the APSCW should share the Overall Substantiated Risk Assessment and the Overall Risk Assessment Update, each time it is completed, with the Care Coordinator.
 - d. The Care Coordinator shall reach out to the participant within 20 calendar days to follow up on the APS report.
 - e. The Care Coordinator will review the current Plan of Care to assess if there are any changes that need to be added or modified. Questions could include:
 - Does there need to be a new assessment completed?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in making appointments?
 - f. Document what services the Care Coordinator put in place (could be done through the Plan of Care) to remediate and/or mitigate the root cause(s) of the APS report.
 - g. The Care Coordinator shall share the updated Plan of Care within 5 business days of it being updated, with the APSCW if services were put in place to address the ANE, e.g. money management services, for an open APS case.
2. When a CCP participant has a case that has been substantiated and **does not consent to APS Casework services**, there shall be consultation between entities within **5 calendar days**:
 - a. Each CCU will have a designated email address that OCCS will send the ROS to the CCU to have the ROS distributed to the Care Coordinator.
 - b. After receiving the ROS, the Care Coordinator shall reach out to the APSCW to ensure the CCP Plan of Care is adequate to meet the needs of the CCP participant. This consultation shall occur within 5 calendar days.

- c. To assist the CCU with follow-up, the APSCW should share the Overall Substantiated Risk Assessment with the Care Coordinator.
 - d. As the CCP participant has declined APS Casework services, the Care Coordinator shall outreach to the CCP participant within 5 calendar days.
 - e. In that follow-up outreach, the Care Coordinator will review the current Plan of Care to assess if there are any changes that need to be added or modified. Questions could include:
 - Does there need to be a new comprehensive assessment completed?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in making appointments?
 - f. Since the CCP participant has not consented to the APS Casework, consider enrolling these participants in Intensive Monitoring and Follow-Up for a period of at least 90 days.
 - g. Document what services the Care Coordinator put in place (could be done through the Plan of Care) to remediate and/or mitigate the root cause(s) of the APS report.
3. When a CCP participant **does not consent to the APS Investigation**, there shall be consultation between entities within **5 calendar days**:
- a. Each CCU will have a designated email address that OCCS will send the ROS to the CCU to have the ROS distributed to the Care Coordinator.
 - b. After receiving the ROS, the Care Coordinator shall reach out to the APSCW for any insight to see if the CCP Plan of Care is adequate to meet the needs of the CCP participant. This consultation shall occur within 5 calendar days.
 - c. As the CCP participant has declined the APS Investigation, the Care Coordinator shall outreach to the CCP participant within 5 calendar days.
 - d. In that follow up outreach, the Care Coordinator will review the current Plan of Care to assess if there are any changes that need to be added or

modified. Questions could include:

- What is the risk of future ANE? Are there interventions that can improve the health, safety and welfare of the participant?
 - Does there need to be a new comprehensive assessment completed?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in making appointments?
- e. Since the CCP participant has not consented to the APS Investigation, consider enrolling these participants in Intensive Monitoring and Follow-Up for a period of at least 90 days.
- f. Document what services the Care Coordinator put in place (could be done through the Plan of Care) to remediate and/or mitigate the root cause(s) of the APS report.

Managed Care Organizations

1. When an MCO participant has a case that has been substantiated and agrees to APS Casework services, there shall be consultation between entities within **20 calendar days**:
 - a. Each MCO will have a designated email address where the email notification from APS CMS for the ROS will be sent. Each MCO will have a designated person(s) who has been granted access to APS CMS to look up the report in CMS and distribute the ROS to the Care Coordinator.
 - a. After receiving the ROS, the Care Coordinator shall reach out to the APSCW to ensure the MCO Plan of Care is adequate to meet the needs of the MCO participant. Consultation shall occur within 20 calendar days and information that should be shared by the MCO during this consultation

are:

- i. The Plan of Care Notification
 - ii. The Determination of Need assessment
 - iii. The MMSE score (if there is question about a participant's capacity)
- b. To assist the MCO with follow-up, the APSCW should share the Overall Substantiated Risk Assessment and the Overall Risk Assessment Update, each time it is completed, with the Care Coordinator.
- c. The Care Coordinator shall review all claims, prior authorization requests, and pharmacy activity to ascertain if there have been services or products that have been denied, delayed, in process, or provided to the participant.
- i. In this review, if there are any claims, requests, or pharmacy activities that would aid the APS Case Plan, that information should be shared with the APSCW.
- d. If the participant is a DHS Division of Rehabilitation Services (DRS) client, the Care Coordinator shall also review WebCM to review communication between DRS and the participant to ascertain if there has been any gap in services or care, or if there have been any issues/concerns that have been documented.
- e. The Care Coordinator shall reach out to the participant within 20 calendar days to follow up on the APS report.
- f. In that follow up outreach, the Care Coordinator will review the current Plan of Care and, if applicable, the Waiver Service Plan to assess if there are any changes that need to be added or modified. Questions could include:
- Is the participant a current waiver recipient? If not, could they benefit from Waiver services??
 - Has there been a referral for waiver services previously submitted?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in making appointments?

benefit from Waiver services??

- Does this participant have waiver services?
 - Has there been a referral for waiver services already submitted?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in making appointments?
- f. The Care Coordinator shall review all claims, prior authorization requests, and pharmacy activity to ascertain if there have been services or products that have been denied, delayed, in process, or provided to the participant.
- g. If the participant is a DHS Division of Rehabilitation Services (DRS) client, the Care Coordinator shall also review WebCM to review communication between DRS and the participant to ascertain if there has been any gap in services or care, or if there have been any issues/concerns that have been documented.
- h. The Care Coordinator shall document the services put in place (could be done through the Plan of Care) to remediate and/or mitigate the root cause(s) of the APS report.
- i. As the MCO participant has not consented to APS Casework services, if the participant is currently classified as a Low-Risk, it is suggested the participant be moved to at least a Moderate-Risk Level. If the participant is currently a Moderate-Risk Level, it is suggested the participant be moved to a High-Risk Level. If the participant is currently a High-Risk Level, it is suggested the participant be moved to an Imminent-Risk Level. These level changes are suggested to occur for period of at least 90 days.
3. When an MCO participant **does not consent to the APS investigation**, there shall be consultation between entities within **5 calendar days**:
- a. Each MCO will have a designated email address where the email notification from APS CMS for the ROS will be sent. Each MCO will have a designated person(s) who has been granted access to APS CMS to look

- up the report in CMS and distribute the ROS to the Care Coordinator.
- b. After receiving the ROS, the Care Coordinator shall reach out to the APSCW for any insight to see if the MCO Plan of Care is adequate to meet the needs of the MCO participant. This consultation shall occur within 5 calendar days.
 - c. Since the MCO participant has declined the APS Investigation, the Care Coordinator shall outreach to the MCO participant within 5 calendar days.
 - d. In that follow-up outreach, the Care Coordinator will review the current Plan of Care and, if applicable, the Waiver Service Plan to assess if there are any changes that need to be added or modified. Questions could include:
 - Is the participant a current waiver recipient? If not, could they benefit from Waiver services??
 - Does this participant have waiver services?
 - Has there been a referral for waiver services already submitted?
 - Does the participant need additional community resources such as food pantry information or money management?
 - Does the participant need any medical follow-up or assistance in
 - making appointments?
 - e. The Care Coordinator shall review all claims, prior authorization requests, and pharmacy activity to ascertain if there have been services or products that have been denied, delayed, in process, or provided to the participant.
 - f. If the participant is a DHS Division of Rehabilitation Services (DRS) client, the Care Coordinator shall also review WebCM to review communication between DRS and the participant to ascertain if there has been any gap in services or care, or if there have been any issues/concerns that have been documented.
 - g. The Care Coordinator shall document the services put in place (could be done through the Plan of Care) to remediate and/or mitigate the root cause(s) of the APS report.
 - h. As the MCO participant has not consented to the APS Investigation, if the

participant is currently classified as a Low-Risk, it is suggested the participant be moved to at least a Moderate-Risk Level. If the participant is currently a Moderate-Risk Level, it is suggested the participant be moved to a High-Risk Level. If the participant is currently a High-Risk Level, it is suggested the participant be moved to an Imminent-Risk Level. These level changes are suggested to occur for period of at least 90 days.

DHS DD/DRS, DSCC

1. For those participants who are served by the DHS/DDD, DHS/DRS waivers or for those participants who are served by DSCC, follow-up related to an APS report will follow the policies of those Providers.
2. To assist participants supported by these waivers, it is suggested that the APSCW should discuss the Overall Substantiated Risk Assessment form with these Providers and be available for case consultation to help coordinate care and services.

Fatality Notification

1. APS responsibilities:
 - a. If there is a death of a Provider participant, the APSCW shall notify the Provider and the Department of Healthcare and Family Services (HFS.HCBSWaiver@Illinois.gov), of the fatality within 24 hours of knowledge of the fatality.
 - b. If the death is suspicious, the APSCW shall follow its policies regarding immediately notifying the Coroner and/or Law Enforcement.
 - c. The APSCW shall complete the Suspicious Death form and follow-up with the Coroner and/or Law Enforcement between 30-45 days after the death.
2. Provider responsibilities:
 - a. If a Provider learns of a fatality involving an APS client, the Care Coordinator shall notify the APSCW and the Department of Healthcare and Family Services (HFS.HCBSWaiver@Illinois.gov), of the fatality within 24 hours of knowledge of the fatality.
 - b. The Provider will close their files/case based on that particular agency's

policy.