

ILLINOIS DEPARTMENT ON AGING (IDoA)
ADULT PROTECTIVE SERVICES PROGRAM

Title: Adult Protective Services Self-Neglect and Provider Collaboration Policy	CREATED: 04/01/2020 By: Sue DeBoer	
	ELECTRONIC FILE NAME: APS Self-Neglect Policy	
	EFFECTIVE DATE: 06/01/2020	
OPERATIONS POLICY: APSPAs will provide the Report of Substantiation and Client Assessment Form for mutual clients associated with CCUs, MCOs, DHS-DDD, DHS-DRS, and DSCC for all APS reports of Self-Neglect.	Last Revisions: NA	By:
	Approved by: Lora McCurdy	Approval Date: 05/15/2020
SEARCH WORD(S): Self-Neglect APS Report of Substantiation (ROS) Client Assessment Form (CA) Waiver Waiver Eligible Case Closure 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 Adult Protective Service Provider Agency (APSPA) shall submit a Report of Substantiation and Client Assessment Form for all cases of Self-Neglect for clients receiving any waiver service.	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:	
	<input checked="" type="checkbox"/> YES	
	<input type="checkbox"/> N/A	
	Title: <ul style="list-style-type: none"> • CriticalEventPolicy_8.8.18 pertaining to Procedures for Office of Adult Protective Services (APS) 	Date: <ul style="list-style-type: none"> • 8/8/2018

PURPOSE:

The purpose of this policy is to safeguard the health, safety and welfare of Adult Protective Services (APS) clients who have a report of Self-Neglect. Self-Neglect requires collaboration with IDoA Care Coordination Units, Managed Care Organizations, Division of Developmental Disabilities, Division of Rehabilitative Services, and Division of Specialized Care for Children to develop more comprehensive and person-centered plans of care. As part of that collaboration, the APS Report of Substantiation (ROS) and APS Client Assessment Form will be shared with Individual Care Providers (including, but not limited to CCUs, MCOs, DHS-DDD, DHS-DRS, and DSCSS). For those clients with a Self-Neglect report, APS and the Individual Care Providers (hereafter referred to Providers) must collaborate to provide resources and referrals to help mitigate the underlying cause(s) and outcome(s) of the Self-Neglect report as well as to prevent possible duplication of community-based services and supports.

POLICY:

All Adult Protective Services Provider Agencies (APSPAs) shall submit a Report of Substantiation (ROS) and the APS Client Assessment Form (CA) on all cases of Self-Neglect for mutual clients associated with Providers, regardless of substantiation decision outcome. The APSPAs shall submit the ROS and CA within 24 hours of the substantiation decision for High-Risk clients or within 2 business days of the substantiation decision for Medium to Low-Risk.

The Report of Substantiation ID number is sent electronically by the APS Case Management Systems (CMS) to the Provider's electronic mail address. Each Provider shall designate 2 staff members who shall have access to the APS CMS to access the ROS report as provided in the electronic mail notification. The designees shall distribute the ROS to the current Care Coordinator at the Provider. For CCUs, Department on Aging's Office of Community Care Services (OCCS) will share the ROS via email until further notice.

Self-Neglect Definition

A condition that is the result of an eligible adult's inability, due to physical or mental impairments or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and

health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety. Adult Protective Services Act (320 ILCS 20/2).

General Procedures

1. The provision of APS services may potentially overlap with services and supports provided by Providers. These Providers include, but are not limited to, CCUs, MCOs, DHS-DDD, DHS-DRS, and DSCC.
2. The Adult Protective Services Case Worker (APSCW) shall check the Participant Search Screen, if the required search information is known, to determine if the client receives waiver services.
3. When there is a mutual client, the Adult Protective Services Provider Agency (APSPA), via the Adult Protective Services Case Management System (CMS), shall send the Report of Substantiation ID number via an electronic mail notification. For CCUs, Department on Aging's Office of Community Care Services (OCCS) will share the ROS via email until further notice.
4. Each receiving Provider will provide 2 designees who will be granted access to CMS to access and distribute the ROS to the current Care Coordinator.
5. The Provider will follow up with the client based on the involvement of APS and the outcome of the assessment as outlined below.
6. 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.
7. Subsequent Intake Reports will follow the same process outlined below.

Procedure for APS Client Receiving Waiver Services

1. Upon the initial face to face visit, if the APS client declines APS involvement, the APSCW shall make at least one more face to face attempt to engage the client prior to closing the case at the end of the 30-day Assessment period. If there would be risk or harm to the APSCW to make another face to face attempt, that attempt can be waived with supportive documentation.

2. During the APS Assessment period, the APSCW shall contact the Care Coordinator (with the client's consent or working in client's best interest) to alert the Care Coordinator of the report and to obtain additional relevant client information.
3. The APSCW and the Care Coordinator shall discuss plans of care and possible referrals and resources that might mitigate the initial circumstances leading to the Self-Neglect report.
4. After the APS Assessment period has concluded and the substantiation decision has been rendered, the APSCW shall send the Report of Substantiation based on the overall substantiated risk level:
 - a. High Risk: The ROS and the CA shall be sent via electronic mail to the Providers within 24 hours of the substantiation decision for all waiver recipients who are assessed at a high risk on the Overall Risk Assessment Update.
 - b. Medium/Low Risk: The ROS and the CA shall be sent electronically to the Providers within 2 business days of the substantiation decision for all waiver recipients who are assessed at a medium or low risk on the Overall Risk Assessment Update.
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 the Self-Neglect, e.g. money management services, for an open APS case.

Procedure for APS Clients NOT Receiving Waiver Services

1. APS Clients Eligible to Receive Waiver Services
 - a. If the APS client declines APS involvement upon the initial face to face visit, the APSCW shall make at least one more face to face attempt to engage the client prior to closing the case at the end of the 30-day Assessment period. If there would be risk or harm to the APSCW to make another face to face attempt, that attempt can be waived with supportive documentation.
 - b. During any period of APS involvement, (best practice would be during the APS Assessment period), the APSCW shall make referrals for waiver/non-waiver services to Providers on all potentially waiver eligible clients (with client consent

or working in client's best interest). This referral shall be documented in the CMS client record and Case Plan.

- c. Pending the result of the waiver referral, the APSCW, if the client consents, shall develop a wholistic, person-centered case plan to address the cause(s) and the outcome(s) of the Self-Neglect report. This can include Early Intervention Services, community referrals, assisting with scheduling appointments, and providing nutritional support.
- d. If the APS client begins receiving waiver services, the APSCW shall coordinate and collaborate with Providers to address client services and reduce imminent risk factors. The APSCW will contact the Care Coordinator for assistance and document such efforts in the CMS client record and Case Plan.
- e. APSCWs shall utilize the Case Plan, Overall Substantiated Risk Assessment, and the Overall Risk Assessment Update to monitor and reduce risk of harm to the client.
- f. If the client begins receiving waiver services, the Care Coordinator shall share the updated Plan of Care with the APSCW, within 5 days of it being updated, if services were put in place to address the Self-Neglect, e.g. money management services, for an open APS case.
- g. For any Older American Services participant not receiving CCP services, the APSCW shall, with client consent, notify the CCU that there is a report of Self-Neglect.

2. APS Clients Who Are Not Eligible For Waiver Services

- a. If the APS client declines APS involvement upon the initial face to face visit, the APSCW shall make at least one more face to face attempt to engage the client prior to closing the case at the end of the 30-day Assessment period. If there would be risk or harm to the APSCW to make another face to face attempt, that attempt can be waived with supportive documentation.
- b. If the case is substantiated and the client consents to casework, the APSCW shall develop a wholistic, person-centered case plan to address the cause and the subsequent issues resulting in the Self-Neglect report. This can include Early

Intervention Services, community referrals, assisting with scheduling appointments, and providing nutritional support.

Adult Protective Services Case Closure Procedures

1. APS clients currently receiving waiver services will have their APS case closed when the risk has been addressed, the APS Follow-Up period has concluded, and/or if the Provider will assume the responsibility for continuing to provide care coordination to the client.
2. The APSCW shall notify the Care Coordinator of the APS case closure and document such outreach in the CMS client record.
3. APS clients who do not have waiver services will have their case closed when the risk has been addressed and/or the APS Follow-Up period has concluded.
4. APS clients who do not consent to the APS Assessment will have their case closed if the client refused services at the initial face to face and with at least one additional face to face attempt within the 30-day Assessment period. If there would be risk or harm to the APSCW to make another face to face attempt, that attempt can be waived with supportive documentation.
5. Cases shall not be closed with an overall risk of high or medium unless:
 - a. The client withdraws his or her informed consent for services. In cases where the client withdraws consent, the APSCW shall ensure the client has been provided written contact information for the APSPA and for all services that the client is eligible from at the Providers. If the APS client is receiving waiver services or is in an MCO, the APSCW shall contact the Care Coordinator to inform them the client has withdrawn their consent for APS services. This information shall be documented in the CMS client record.
 - b. The client is deceased:
 - i. Suspicious deaths shall immediately be referred to the Coroner's Office or Medical Examiner's Office and local law enforcement using the Suspicious Death Report Form. The APSCW must inform the Provider of all suspicious deaths of mutual clients.
 - ii. Suspicious deaths shall be referred to their local fatality review team for

review.

- c. The APS client has moved out of jurisdiction. In all cases where the client has moved out of the APSPA's jurisdiction with client consent or working in client's best interest, the APSPA shall refer the client to another APSPA or another State's APS Program. This information shall be documented in the CMS client record.

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 immediately notify 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.

*Please see the Report of Substantiation Policy for further guidance regarding the follow-up upon receiving the ROS.