

Adult Protective Services

Chapter 7.A Service Coordination

A. Voluntary or Involuntary Protective Services

1. Voluntary protective services include services provided to a victim with their consent.
 - a. The following individuals may consent to services:
 - i. Victim who has capacity to consent; or,
 - ii. Guardian of a victim who lacks capacity to consent if the guardian is not named as an alleged perpetrator in an open investigation.
2. Involuntary protective services include those services authorized by the court for a victim who lacks the capacity to consent to services and has no caregiver or guardian available or willing to consent to services.
3. Upon completion of an investigation or self-neglect assessment that resulted in substantiation the Department will determine if APS Service Coordination is required to prevent, discontinue, or correct abuse, neglect, or exploitation, including self-neglect.
 - a. The CFS Specialist will determine what action is necessary to protect the vulnerable adult and promote self-care and independent living. This may be determined by evaluating the following:
 - i. Specific problems relating to care/protection of the vulnerable adult;
 - ii. Positive and negative factors in the environment;
 - iii. Strengths and weaknesses of the vulnerable adult;
 - iv. Vulnerable adult's and/or others' capacity and motivation to deal with these problems;
 - v. Possible approaches to solving these problems;
 - vi. Specific goals for improved care/protection of the vulnerable adult; and
 - vii. Decisions about which services will be provided, how and by whom, including referral to other community services and mobilization of the vulnerable adult's resources.

B. There are five alternatives available to the CFS Specialist and the vulnerable adult following the investigation finding:

1. No Intervention
 - a. CFS Specialist determines no further protective intervention is needed. The APS Program Case is closed following notification to the vulnerable adult. If the allegations in the intake were unfounded, but, the CFS Specialist identifies other types of allegations identified during the investigation, the CFS Specialist will enter the allegations into the intake and a finding is entered for the allegation.
 - b. If the investigation is unfounded (there is no abuse, neglect, or exploitation to prevent or remedy) ongoing service coordination is not offered. The CFS Specialist may make community referrals if needs are identified.
2. Community referrals
 - a. CFS Specialist determines there is a need for further service that can be provided through a community agency or other Department service program. The vulnerable adult is willing to voluntarily engage in the service. The APS program case is closed following engagement of

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vulnerable adult in the service. When community referrals occur during the investigation phase, then, the worker documents these efforts in the investigation narratives and summarizes the service referrals in the Investigation Summary.

3. Voluntary Adult Protective Services—Service Coordination

- a. The CFS Specialist may offer ongoing service coordination when the allegations are substantiated. During the investigation, the CFS Specialist will question the alleged victim to determine their perception of the problem, identified needs and possible solutions. The problem may be resolved during the investigation phase.
- b. Towards the end of the investigation, the CFS Specialist reviews the victim's ongoing needs with the alleged victim.
- c. During consultation with the CFS Supervisor to determine the findings of the investigation, the topic of whether to offer ongoing service coordination is decided.
- d. When entering the findings, the CFS Specialist will also enter whether services were not needed, accepted, or refused in the allegation detail window.
- e. When the CFS Specialist determines that ongoing service coordination is to be offered to the vulnerable adult, then, the CFS Specialist will obtain written consent from the vulnerable adult.
- f. When services are accepted, the required timeframe to create a plan is 15 days and is calculated based on the "Services Accepted date" and the "Program Case Service Coordination narrative date". The CFS Specialist will create a program case narrative and document - "Service Coordination plan completed, see file or document imaging."
- g. The goals are to be related to prevent or remedy substantiated abuse, neglect, and exploitation using the least restrictive method available.

4. Refusal of Services

- a. When the vulnerable adult is unwilling to voluntarily engage in recommended services and possesses the capacity to consent to or refuse services, the CFS Specialist will review the concerns with the alleged vulnerable adult/victim and discuss available resources to develop a plan.
- b. When the CFS Specialist determines that a vulnerable adult who has capacity to consent to or refuse services is in need of services but refuses to accept services, the CFS Specialist will document the identified need for services in N-FOCUS; document the vulnerable adults refusal to accept services; and document evidence supporting the vulnerable adults decision making capacity to consent or refuse services. The program case is then closed.
- c. Clients have the right to make decisions and to accept/refuse treatment options/services which others may believe to be in their best interests if they have the decision making capacity to do so.

5. Involuntary Adult Protective Services

- a. When the CFS Specialist determines that immediate or ongoing protective services are required to resolve or control the mistreatment, and the vulnerable adult is unwilling to voluntarily engage in services and

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exhibits signs of impaired decision making to consent or refuse services, involuntary services shall be sought.

- i. In these instances, the CFS Specialist may determine to formally request the county attorney file a petition for court authorization to intervene;
 - 1) The CFS Specialist should provide the following information to the County Attorney when requesting the filing of an application for involuntary adult protective services:
 - a. The subject's name and address;
 - b. The name and address of the subject's spouse, legal counsel, guardian or conservator, and next of kin, if known;
 - c. The name and address of anyone providing care or treatment to the subject, if known;
 - d. The name and address of any other person who may have knowledge of the imminent danger or reasons why involuntary adult protective services are needed;
 - e. An affidavit describing the imminent danger of life threatening injury leading to compelling reasons why involuntary adult protective services are needed and no other alternatives are available to protect the vulnerable adult; and
 - f. Information detailing possible temporary placements or protective services which would remove the vulnerable adult from imminent danger.
 - ii. The CFS Specialist may also determine if an emergency guardianship or conservatorship is necessary.
- b. When court authority is granted, the case is opened for ongoing services, further assessment and case planning.

C. Service Coordination Plans

1. The CFS Specialist and the vulnerable adult will develop a service plan when the vulnerable adult or guardian has accepted ongoing services. The service plan will address in the least restrictive/least intrusive manner the issues that brought the vulnerable adult to the attention of APS. With consent of the vulnerable adult or guardian, family and caregivers may be involved in developing the service plan. Interventions need to be specific and tailored to the special needs of clients.
2. Timeframe: The CFS Specialist must complete the service plan within 15 days of the date that the adult agrees to accept services. The information in the service plan will vary according to the case situation and will be based on the investigative findings, the assessment, and the adult's preferences. The Service Plan will be documented on N-FOCUS.

D. Timeframe for Entry of Contacts

1. The CFS Specialist is responsible for documenting all contacts made during the service coordination phase into N-FOCUS. To maximize both the accuracy of documentation as well as efficiency of service delivery, the CFS Specialist, documents all contacts and attempted contacts within 3 business days.

E. Length of Service Coordination

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1. Ongoing service coordination may be provided for a limited period of time. At any time, the vulnerable adult or guardian may choose end the service plan.
2. Ongoing Adult Protective Services case management can last up to 180 days, however, a one-time 180 day extension may be granted by the CFS Supervisor. Adult Protective Services cases should be continued and the service plan updated to address current needs when the adult continues to be abused, neglected or exploited and unmet needs are identified in the reassessment and documented in N-FOCUS.

F. Service plan development

1. When developing a service plan, the following guidelines will be utilized:
 - a. The plan will be developed utilizing the strengths and needs of the vulnerable adult;
 - b. Review the possible community resources and services available with the vulnerable adult;
 - c. Present choices and provide education about those choices;
 - d. Create the service plan based on the decisions of the vulnerable adult and the guardian;
 - e. Identify and arrange services that are necessary and appropriate under the circumstances to protect an abused vulnerable adult, ensure that the least restrictive alternative is provided, prevent further abuse, and promote self-care and independent living; and
 - f. Describe the method to evaluate progress to determine when the case should be closed.

G. Components of the Service Plan

1. All APS Service Plans must include the components described below. The CFS Specialist will develop service plans in a culturally competent manner. The CFS Specialist will adapt the planning process to meet the client's needs within his or her cultural context, accept differences, and use positive cultural strengths in the service planning process.
 - a. Needs: Needs are areas of the client's life that are not being met in a way that assures the safety and well-being of the adult. Needs are identified by assessing the vulnerable adult's issues and risk factors that were identified during the investigation.
 - b. Goal(s): The CFS Specialist will develop goals related to the identified needs of the vulnerable adult and their willingness to accept services.
 - c. Activities/Services/Strategies: The CFS Specialist will identify strategies that do the following:
 - i. Build upon the client's functional strengths;
 - ii. Focus on addressing the identified goals and needs;
 - iii. Include at least one strength-based strategy identified for each goal;
 - iv. Are individualized to the client;
 - v. Are based on the client's values, beliefs, culture, preferences, and talents. Identify who, what, when, where, and how they will be achieved;

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- vi. Utilize informal supports and resources whenever possible. If informal resources are not available, formal resources may be utilized;
 - vii. Are clear, practical, logical, and realistic.
2. When the goals have been met, the CFS Specialist will prepare the vulnerable adult for case closure and the end of Adult Protective Services Involvement.

H. Monthly Contacts

1. The CFS Specialist will make a face-to-face or telephone contact with the vulnerable adult at least monthly and more frequently as needed to monitor progress and assure protection of the adult. The CFS Specialist should verify by observation or personal interview that the adult is receiving the planned services. If the monthly contact with the adult does not occur, the reason(s) should be documented in the case narrative.
2. Service coordination contact narratives shall be clear, concise, and relevant. Anyone who reads the case shall be able to understand clearly the following:
 - a. The actions taken by the CFS Specialist or others on the client's behalf and the reasons for taking them;
 - b. The actions the CFS Specialist considered, but did not take, and the reasons for not taking them;
 - c. The results of actions taken by the CFS Specialist or others;
 - d. The client's situation at the time of contact; and
 - e. Any remaining problems, and if they can be/will be resolved.
3. Documenting Monthly Status Contacts: The CFS Specialist shall document monthly status contacts each calendar month that the case is open. The attempted contacts are also documented.

I. Additional Allegations Received During the Service Coordination Phase: If new allegations are reported to the CFS Specialist or discovered during the service delivery stage, the CFS Specialist shall report the new allegation to the Hotline, then conduct an investigation per policy as described in Chapter 4. If the case progresses to service delivery, then it shall be merged with the existing case.

J. Case Closure Summary/Evaluation

1. The summary will address the effectiveness of the service plan in eliminating or mitigating the abuse, neglect or exploitation or risks of abuse, neglect or exploitation. The summary should indicate needs, goals, objectives, actions taken, and which objectives have been met. Unmet needs should be identified and reasons such needs remain unmet should be addressed. A brief summary of the effectiveness of the service plan should be documented in the Summary in N-FOCUS.
2. Closing a case is a matter of judgment. When closing a case, the CFS Specialist makes all reasonable efforts to resolve problems that led to the state of abuse, neglect, or exploitation and stabilize the client's condition before closure.

K. Reasons for Case Closure

The CFS Specialist closes a case in the service delivery stage when one or more of the following occur:

1. The client dies;

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2. The client moves out of Nebraska;
 3. The client moves from the Services Area and is no longer in need of protective services;
 4. The CFS Specialist is unable to locate the client;
 5. Identified problems are resolved and the client is no longer abused, neglected, or exploited;
 6. The client who is able to consent and for whom a service plan was developed withdraws from protective services;
- L. Client Withdraws from Services: A vulnerable adult with decision making capacity or the guardian may withdraw from Adult Protective Services at any time. The CFS Specialist will attempt follow up contacts to determine the reason for withdrawing from services and will document the reasons. If there is reason to believe the vulnerable adult is unable to make decisions, the CFS Specialist will consult with the supervisor to determine what further action is needed (if any).
- M. Closure: When a decision is made to close an ongoing service coordination case, the CFS Specialist shall:
1. Document the appropriate service delivery closure reason in N-FOCUS;
 2. Send a written notice of action to the adult and/or his/her legally appointed guardian and/or conservator and other service providers who may be participating in the service plan;
 - a. Document in the case narrative the reasons for not notifying, if notification is not appropriate;
 3. Close the APS program case in N-FOCUS.
- N. Case Transfer: When the CFS Specialist decides to transfer an open case to another CFS Specialist because the vulnerable adult has moved and there is a continued need for APS service coordination, the transfer shall be completed in a timely manner to provide for continuity.
1. The CFS Specialist enters narrative into N-FOCUS to provide the new CFS Specialist a summary of the case. Information may include:
 - a. Current members of family;
 - b. Guardian/Conservator/Payee/Power of Attorney status;
 - c. Date of case opening and previous case opening, if any;
 - d. Problems, nature of referral, reason for case opening;
 - e. Other significant problems identified by the CFS Specialist;
 - f. Services used and offered to the vulnerable adult;
 - g. Conclusions of assessments during period case was open;
 - h. Current situation and evaluation of change in the case including, but not limited to, family's strength and weaknesses, vulnerable adult's strength and weaknesses, and how the vulnerable adult's situation is different from that at case opening;
 - i. Service providers and other persons still involved with the vulnerable adult and who will remain involved with the vulnerable adult;
 - j. Special characteristics of the family (for example, language, literacy, etc.);
 - k. Recommendations regarding future service coordination, such as appropriateness of other services, court involvement, etc; and
 - l. Date of transfer, reason for transfer, and CFS Specialist's signature.

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2. Once the case file is ready for transfer, the CFS Specialist notifies his/her CFS Specialist, who is responsible for ensuring the case file is reviewed and sent to the appropriate local office.