Service Standards

Adult Protective Services

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

Definition

Adult Protective Services provide services to adults who are partially or completely dependent and unable to protect their interests or who are vulnerable to exploitation, neglect, abuse, or injury. Organizations offer screening, investigation, risk assessment, protective supervision, service coordination, and intervention, as appropriate, to adults who have been mentally, emotionally, physically, or sexually abused or neglected by themselves or others with responsibilities towards them; exploited financially or otherwise; or abandoned. When appropriate, Adult Protective Services assist guardians and caretakers in fulfilling their roles.

Interpretation: *Throughout this document, the term “person” or "individual" is defined as the vulnerable adult. In instances where the individual cannot make their own decisions, sign documents, or is otherwise limited in their ability to provide informed consent, the term “person” or "individual" may be understood to also include an advocate or legal guardian, as in "...the individual, their advocate, or legal guardian..."*

Note:*Please see the APS Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the APS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Adult Protective Services

APS 1: Person-Centered Logic Model

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

• See program description completed during intake	

• Program logic model that includes a list of outcomes being measured	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
    1. Program director
    2. Relevant personnel

APS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in individuals and families); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's* PQI Guide *for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *characteristics of persons served;*
2. *needs assessments and periodic reassessments;*
3. *risks assessments conducted for specific interventions; and*
4. *the best available evidence of service effectiveness.*

APS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Adult Protective Services

APS 2: Personnel

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

Program personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

* • Procedures or other documentation relevant to continuity of care and case assignment	
* • Table of contents of training curricula	

Site Visit Evidence

* • Sample job descriptions from across relevant job categories • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

APS 2.01

Personnel that provide adult protective services are appropriately qualified in accordance with state requirements.

Interpretation: *COA recommends the following worker qualifications:*

1. *an advanced degree in social work or a comparable human service field; or*
2. *a bachelor's degree in social work or a comparable human service field with two years of related experience.*

APS 2.02

Supervisors have an advanced degree in social work or another human service field or are registered nurses.
Interpretation: *If program staff do not include an individual with an advanced degree in social work, a person with an advanced degree is available, as necessary, to provide consultation on complicated cases.*

APS 2.03

Personnel are trained on, or demonstrate competency in:

a. providing or helping people access preventive and supportive services;
b. communicating and working with vulnerable adults, including adults with intellectual and/or developmental disabilities or other special needs;
c. recognizing mental, emotional, physical, and sexual abuse, neglect and self-neglect, financial exploitation, and abandonment;
d. investigative techniques, including evaluating risk and ethical decision-making;
e. the rights of vulnerable adults;
f. working with individuals and families who may resist social, medical, and legal services;
g. using the organization's authority to intervene on behalf of vulnerable adults who are abused, exploited, or neglected; and
h. working with law enforcement.

APS 2.04 (FP)

Supervisory personnel are available by telephone 24 hours a day.

APS 2.05

Caseloads support the achievement of positive outcomes and permit adequate assessment and response to differing service needs of individuals, including frequency of contact and service monitoring.

Examples: *Examples of factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *case complexity and circumstances, including the intensity and/or assessed level of service needs, travel time, and the goals of the case;*
3. *case status, including progress toward achievement of desired outcomes;*
4. *the work and time required to accomplish assigned tasks, including those associated with caseloads and other job responsibilities; and*
5. *service volume.*

APS 2.06

The organization counteracts the development of compassion fatigue by:

a. helping personnel understand how they can be impacted by stress, distress, and trauma;
b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
c. encouraging respectful collaboration and support among co-workers;
d. examining how the organization's culture and policies contribute to or prevent the development of compassion fatigue;
e. providing reflective supervision; and
f. informing personnel about treatment services, as needed.

Examples: *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: (1) engage in positive thinking; (2) increase their self-awareness; (3) know their limits and needs; (4) practice self-compassion; (5) establish healthy boundaries; (6) effectively communicate about unrealistic and unspoken expectations; (7) identify and manage emotional triggers; (8) have difficult conversations with co-workers and supervisors; (9) practice brain-aware activities to stay regulated; and (10) take time for self-care.*

Regarding element (d), areas to consider include, but are not limited to: (1) supervision; (2) caseload assignment; (3) scheduling; (4) training; (5) crisis response; (6) psychological safety; and (7) healthy and realistic staff expectations and boundaries.

Adult Protective Services

APS 3: Community Partnerships

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

The organization develops and implements a community approach to preventing abuse, neglect, and exploitation that includes raising awareness and identifying and protecting vulnerable adults.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*

- Examples of content addressed in the community education program

- Outreach strategies and informational materials
- List of community partners

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Community partners

APS 3.01

The organization conducts community outreach and education to inform the public about the needs of vulnerable adults, their risk for maltreatment, and how they can be protected including:

a. preventing and recognizing abuse, neglect, and exploitation;
b. how to report cases of suspected abuse or neglect;
c. legal responsibilities for mandated reporters; and
d. available services and resources.

APS 3.02

The organization's leadership promotes the accessibility of needed services by collaborating with local social service agencies, healthcare providers, and/or community groups to identify and address common issues and resolve any administrative or inter-organizational concerns that hinder service collaboration and use.

Examples: *Community partners may include, but are not limited to, courts and law enforcement agencies, mental and physical health providers, domestic violence programs, substance use services, and faith communities.*

Adult Protective Services

APS 4: Screening

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

Reports of abuse, neglect, and exploitation are screened and evaluated promptly and consistently.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Access line information/ publication materials	
*	• Screening procedures	

*	• Decision making criteria for reviewing reports

Site Visit Evidence

*	• Materials provided to the public that describe how to report abuse and neglect • Coverage schedule • Data on the timeliness of screening

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

APS 4.01 (FP)

The organization maintains a highly accessible 24-hour access line to receive reports of abuse, neglect, or exploitation, and trained personnel are available 24 hours a day to respond to emergencies.

Examples: *In a small community with limited resources, a collaborative arrangement for the planned use of public safety resources may be used to meet this requirement.*

APS 4.02 (FP)

When a report of suspected abuse, neglect, or exploitation is received, the organization obtains:

a. information needed to identify and locate the individual;
b. an account of the alleged maltreatment, including any imminent risks that might require an immediate response or referral to law enforcement;
c. a description of the individual, including condition, behavior, and functioning;
d. a description of the alleged perpetrator, including condition, behavior, functioning, and history; and
e. information regarding any other safety concerns or hazards that could put the APS worker at risk when responding to the report.

APS 4.03 (FP)

Screening procedures include:

a. a search of the APS database for any history of previous reports;
b. provisions for expedited decision-making when the information reported indicates that an immediate response, or an immediate referral to law enforcement, may be necessary; and
c. an assessment for critical indicators or risk factors in abuse and neglect.

APS 4.04

Reporters are informed about:

a. the organization's responsibilities, including protection of the reporter's identity, unless disclosure is court-ordered;
b. the process for screening and investigation;
c. the types of services or interventions the organization can provide;
d. the result of the screening or investigation, unless prohibited by law or court order; and

e. whether the reporter can have or will have an ongoing role in the screening or investigation process.

APS 4.05 (FP)

The individual:

a. takes an active role in screening and subsequent decision-making; and
b. is informed of their rights, including the right to refuse service as long as they can understand the consequences of refusal.

Interpretation: *The organization will sometimes file a court petition when personnel have determined that the person is in imminent danger. In such cases, the individual's right to self-determination is respected to the fullest extent possible.*

APS 4.06 (FP)

Within 24 hours of receiving a report, standardized decision-making criteria are used to determine if a report will be:

a. accepted for response/investigation;
b. referred to other providers for an alternative response;
c. screened out;?and/or
d. reported to other authorities including the courts, when appropriate or required.

Adult Protective Services

APS 5: Investigation and Assessment

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

An investigation is completed in a timely and efficient manner to determine if the reported abuse, neglect, or exploitation has occurred and if services are needed to reduce risk and promote safety and well-being.

NA: The organization does not conduct investigations.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Investigation procedures	
*	• Assessment procedures	

* • Copy of assessment tools	
* • Procedures for safety management plans	

Site Visit Evidence

* • Data on the timeliness of initial visits, assessments, and completion of investigations

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

APS 5.01 (FP)

Every individual determined during screening to be in imminent danger is seen immediately, in all other cases, individuals are seen within a timeframe intended to ensure their safety, generally within 1-5 business days.

Interpretation: *In some cases, authority to make an initial in-person visit may be delegated to other professionals, such as law enforcement officials. When contact is delegated adult protective services should provide appropriate follow-up.*

APS 5.02 (FP)

The process for investigation includes:

a. at least one unannounced visit to the individual's home, as well as any other location where the abuse/neglect allegedly occurs, to assess their physical environment;
b. separate, face-to-face interview with the alleged victim;
c. separate interviews with the reporter, collateral contacts, family members, and the alleged perpetrator; and
d. a review of medical records, financial statements, or other relevant documents and information as appropriate to the nature of the report.

Interpretation: *If extenuating circumstances exist which prevent the APS worker from having face-to-face contact with the alleged victim, all unsuccessful attempts should be documented in the case record including an explanation of why the face-to-face contact cannot be made.*

APS 5.03

To reduce trauma to individuals and families, the process for investigation is designed to:

a. minimize duplication; and
b. assume the presence of trauma and foster a trauma-sensitive approach to engagement.

APS 5.04 (FP)

Persons served, and family members when appropriate, participate in an individualized, culturally and linguistically responsive risk and safety assessment that is:

a. completed within established timeframes;
b. appropriately tailored to meet the developmental level, capacity, and abilities of the individual;
c. inclusive of appropriate techniques needed to properly assess the health and safety of the individual;
d. updated as needed based on the needs of individuals and caregiver capacity; and
e. focused on information pertinent to the initial report of abuse, neglect, or exploitation.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

APS 5.05

The organization arranges for specialized screenings or assessments when concerns regarding the individual's capacity for decision-making are identified.

APS 5.06 (FP)

The investigator completes a report based on the investigation and assessment of risk and safety that includes, but is not limited to:

a. physical safety;
b. the individual's level of impairment and/or capacity for making decisions;
c. perpetrator factors;
d. individual and caregiver strengths, protective factors, risks, and needs;
e. how the individual is being affected by the situation;
f. social factors that may influence safety and overall well-being including housing instability, food insecurity, financial insecurity, social supports, and any other factors known to be impacting individuals and families; and
g. if the individual is in imminent danger of serious harm.

APS 5.07 (FP)

The worker uses standardized decision-making protocols, in conjunction with supervisory/clinical consultation and the input of the individual, to determine whether to:

a. close a case;
b. close and refer a case to community providers; or
c. open a case for ongoing services.

Examples: *Ongoing services may be delivered directly by the organization or delivered by another provider and monitored by the organization.*

APS 5.08 (FP)

Appropriate action is taken when the need arises, including:

a. legal or law enforcement intervention;
b. the arrangement for guardianship, conservatorship, commitment, or fiduciary responsibility for persons served;
c. securing an alternative living arrangement;
d. obtaining resources or services immediately when there are unmet basic needs;
e. initiating a safety management plan when there are concerns about the individual's safety; or
f. withdrawal from the case and provision of referrals.

Adult Protective Services

APS 6: Service Planning and Monitoring

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

Persons served, and their families when appropriate, participate in the development and ongoing review of a service plan that is the basis for the delivery of services and support to prevent continued abuse and improve quality of life.

NA: The organization does not facilitate or monitor service planning.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some people is clearly inappropriate; or
- Service planning is often done without full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

* • Service planning and monitoring procedures	
* • Procedures, including criteria, for determining the most beneficial and least intrusive service	

Site Visit Evidence

* • Data on the timeliness of service plans

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

APS 6.01

An assessment-based service plan is developed promptly with the full participation of the individual, their family, and additional service providers when appropriate, and includes:

a. goals and outcomes for personal safety, stability in living arrangements, and well-being;
b. services and supports provided to improve care and avoid loss of independence, and by whom;
c. formal and informal support systems that can aid in safe and appropriate caretaking;
d. possibilities for maintaining and strengthening family relationships and connections with other informal social networks;
e. procedures for expedited service planning when a crisis or urgent need is identified; and
f. documentation of the individual's involvement in service planning.

Interpretation: *Individuals with limited ability to make independent choices receive help with making decisions and assuming more responsibility for making decisions.*

Examples: *Services and supports to be provided may include those needed to improve caregiver knowledge and capacity, reduce family/caregiver burnout, minimize risks to caregivers or individuals, and build upon the strengths identified in the assessment.*

APS 6.02

The organization works in active partnership with the individual, and their family when appropriate, to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system.

APS 6.03

The organization provides or recommends the most beneficial and least intrusive service that maintains the individual's safety in the least restrictive environment.

APS 6.04

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of persons served, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of the agreed-upon service goals and chosen interventions.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

APS 6.05

The worker, the individual, and their family when appropriate:

a. review progress toward achievement of agreed-upon service goals; and
b. assess continued satisfaction with the plan, services, and interventions.

Adult Protective Services

APS 7: Intervention

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

The organization works with the person, and family members when appropriate, to identify the root causes of abuse, neglect, or exploitation, and provides services, directly or by referral, that address them.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for establishing voluntary agreements and submitting court petitions	
*	• Removal procedures	

*	• Procedures for referring individuals to services	
*	• Home visit procedures	

Site Visit Evidence

*	• Home visit data • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

APS 7.01 (FP)

When individuals are unable to care for or protect themselves, the adult protection services worker establishes a voluntary agreement, or petitions a court of proper jurisdiction, to obtain appropriate care.

Interpretation: *Adult protective service workers should be mindful of an individual's right to refuse treatment and respectful of the individual's wishes should they not be a danger to themselves or others.*

APS 7.02 (FP)

When removal of the individual from the home is necessary, negative effects are reduced by:

a. providing the individual, and their family when appropriate, with information about the removal process;
b. identifying personal items the individual will bring with them, including medication and medical equipment, as necessary;
c. obtaining information about the individual's daily routine, preferred foods and activities, and needed therapeutic or medical care; and
d. discussing continued contact with family and friends.

APS 7.03 (FP)

The organization provides, either directly or by referral:

a. health services;
b. substance use and mental health services;
c. victim support groups;
d. financial assistance and money management;
e. legal services;
f. home care;
g. nutritional services; and
h. other community support services.

APS 7.04

The organization maintains a written list or file of community resources with experience responding to the needs of neglected, abused, or exploited adults.

Interpretation: *The organization should have readily available contacts with law enforcement agencies; providers of legal, medical, and mental health services; domestic violence organizations; financial institutions; and community organizations.*

APS 7.05 (FP)

The organization conducts planned or unannounced, in-person visits at least once a month, or more frequently depending on the individual's needs and risk factors to:

a. assess safety and well-being;
b. monitor service delivery; and
c. support the achievement of agreed-upon goals.

Adult Protective Services

APS 8: Case Closing and Aftercare

Purpose

Adult Protective Services reduce or eliminate the risk of abuse, neglect, and exploitation for vulnerable adults and promote their safety, independence, and well-being.

The organization works with persons served, and family members when appropriate, to plan for case closing and, when possible, to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

* • Aftercare planning and follow-up procedures	

Site Visit Evidence

* • Relevant portions of contract with public authority, as applicable

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

APS 8.01

Planning for case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served and their family or others, as appropriate to the needs and wishes of the individual.

APS 8.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

APS 8.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

APS 8.04

When appropriate, the organization works with individuals and their families to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

APS 8.05

The organization properly documents the circumstances of case closing and includes:

a. outcomes of the report, such as case decisions and investigation findings;
b. interventions and services provided;
c. status and location of the individual; and
d. other supporting information relative to the case closure.

APS 8.06

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.
NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.