

**State of California**  
**Adult Protective Services Program**

# APS Guidelines to Supplement Regulations

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*Coordinated by County Welfare Directors Association*

Also available at [www.cwda.org](http://www.cwda.org)

## Version Control

Version	Date	Author	Change Description
1.0	9/14/12	CWDA	Document created
1.1	11/1/12	CWDA	Updates to sections 2.5,2.6
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# Chapter 1

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## **Executive Summaries**

- 1.1: APS Consistency Workgroup - Executive Summary
- 1.2: APS and Long-Term Care Ombudsman MOU Executive Summary

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## APS Consistency Workgroup—Executive Summary

### Standards for Consistency in Determining Findings

In 2006, due to concerns voiced by the CWDA Protective Services Operations Committee (PSOC) about the inconsistency of data reported on the SOC 242, the Archstone Foundation funded a research project to investigate this issue. The research project identified many areas with inconsistencies, the greatest of which was the determination of findings (i.e. confirmed, inconclusive, or unfounded). In response to this information, PSOC formed a workgroup to address the issues and move counties towards greater consistency.

The workgroup developed a protocol which includes a reference tool, the “California APS Standards for Consistency in Determining Findings Matrix” (Exhibit B), as well as Guiding Principles for social workers (Exhibit C). After completion of the protocol, the workgroup collaborated with the APS Training Project/Academy for Professional Excellence to develop online trainings to deliver statewide. The trainings, *California Adult Protective Services Standards for Consistency in Determining Findings - Part 1: Introduction and Guiding Principles* and *Part 2: Findings Matrix*, are currently available and have been utilized in many counties. However, to achieve the desired result of consistency across the state, PSOC believes all APS staff should participate in these online trainings.

### Framework for Determining Dependent Adult Status

As a follow-up to work done to improve consistency when determining findings in an APS investigation, the workgroup has developed a similar guide for use in the determination of a dependent adult for purposes of eligibility to APS services. The resulting framework consists of a narrative guide (Exhibit F) and a definition chart (Exhibit G), which is divided into *Neglect by Another* and *Self-Neglect*. These charts identify “Essential Defining Elements,” as well as additional “Issues to Consider.” The final component, “Determination of Response,” acknowledges a wide disparity between counties, based in part on availability of resources; the framework will therefore allow for maximum local flexibility when determining response. The Consistency workgroup is again working with the APS Training Project/Academy for Professional Excellence to turn the framework into an online training to deliver statewide in late 2012.

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## Memorandum of Understanding

### Executive Summary

In April 2010, CWDA Protective Services Operations Committee (PSOC) representatives attended the California Elder Abuse Statewide Summit, convened by the California Elder Justice Workgroup (CEJW). Participants recognized a need to increase collaboration, address gaps in services, and enhance outcomes for elders and dependent adults. PSOC supported participation in a workgroup to address common jurisdictional issues pertaining to local Adult Protective Services (APS) and local Long-Term Care Ombudsman Programs (LTCOP). A statewide survey helped to identify and clarify these jurisdictional conflicts between APS and LTCOP.

Although the amount of regulatory revision needed to align jurisdiction is prohibitive, the laws and regulations guiding both APS and LTCOP allow for flexibility when responding to reports of abuse or neglect. This flexibility provides each county the ability to determine and agree to one way of interpreting regulations for use in their county. A draft Memorandum of Understanding (MOU) has been developed to provide clarification to APS and the LTCOP related to each agency's respective role, address jurisdictional issues, and formalize agreed-upon terms at the local level.

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# Chapter 2

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## **Guidelines for Consistency Standards**

- 2.1: Introduction to California APS Standards for Consistency in Determining Findings
- 2.2: The California APS Standards for Consistency in Determining Findings Matrix
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- 2.7: Guiding Principles for APS Case Documentation
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## **Introduction to California Adult Protective Services Standards for Consistency in Determining Findings 2011**

In 2006, because of concerns voiced by the CWDA Protective Services Operations Committee (PSOC) about the inconsistency of data reported on the SOC 242, the Archstone Foundation funded a research project to investigate this issue. Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) was the primary investigator.

The research verified many areas of inconsistencies, the greatest of which was the determination of findings. Findings varied from:

- confirmed investigations ranging from 0% to 68.1%
- inconclusive investigations ranging from 8.1% to 100.0%
- unfounded investigations ranging from 0% to 79.33%.

These ranges far exceeded normal variations, and were a reflection of inconsistent definitions and practices across counties.

In response to this information, PSOC formed a committee to address the issues of inconsistency in APS practice. The group was made up of APS managers from throughout the state, and they made improving the consistency in determining findings their first priority.

Because of the complexity and uniqueness of elder and dependent adult abuse and neglect, and because ascertaining findings is a subjective process, it was not possible to develop a fixed formula for determining findings. Instead, the committee concentrated on developing a consistent approach to understanding and evaluating the information gathered, and focusing the investigation on the relevant information. The protocol created uses a reasoned, thoughtful approach to formulating findings. It clearly delineates the essential defining elements of each type of abuse/neglect—which gives workers direction and focus for gathering information, and provides them with a structure for evaluating the relative strength and integrity of that information. The resulting findings are based on both the facts gathered and the social worker's expertise.

There are two components to the protocol, which complement each other and are designed to be used in concert. They are:

- Guiding Principles which focus workers on the relevant information
- A Matrix which outlines standards to improve the consistency of how cases are approached and understood

### **Guiding Principles**

- Define the basis for findings

- Identify extraneous information which may be important in formulating the plan of action but are not relevant to the determination of findings
- Focus workers on what is important
- Recommend good casework practices
- Outline types of evidence
- Define standards for findings

While careful consideration has been given to the development of these standards for findings, they must be understood as a general rule, not an absolute dictate. Unusual and unique situations sometimes arise, and workers must have flexibility to adjust their findings to reflect those situations. However, the decision to overrule the standards should be made in conjunction with the worker and his/her supervisor.

### **Matrix**

- Creates operational definitions that are in common, everyday language
- Identifies the key elements of those definitions which provide the focus of the investigative process
- Suggests areas to be explored and raises questions which should act as a prompt for information gathering
- Provides examples of evidence which would be indicators of abuse

Together, these tools will provide structure to the decision-making process and provide workers with standards which will improve the consistency of APS practice throughout the state.

### **Online Training Evaluation and Research**

Participants engage in various evaluation activities before, during and after the online training, including a 3- and 6-month follow-up survey. These activities and the data collected will be evaluated to measure if this training has a direct impact on APS practice in CA.

Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) has agreed to evaluate the data in an effort to come “full circle” with the process—that is, from research to subject matter experts to policy to training and back to research. This research is also part of a larger national movement to develop best-practice standards in APS; California is currently a leader in this movement.

Participation in training evaluation activities is voluntary and confidential. Full participation in these activities is encouraged and appreciated.

For information on online course registration or evaluation, please contact Krista Brown:  
krbrown@projects.sdsu.edu

### California APS\* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services. Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<p><b>Physical Abuse</b> Welfare and Institutions Code (W&amp;IC) 15610.63 (a)(b)(c)(d)(f)</p>	<p><b>Physical abuse</b> is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.</p>	<ol style="list-style-type: none"> <li>1. Non-accidental use of physical force</li> <li style="text-align: center;"><b>and</b></li> <li>2. Bodily injury, physical pain or impairment occurred</li> <li style="text-align: center;"><b>or</b></li> <li>3. Bodily injury, physical pain or impairment could have occurred.</li> </ol>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been:                             <ul style="list-style-type: none"> <li>○ Hit, beaten, pushed, shaken, slapped, or kicked</li> <li>○ Struck with or without an object</li> <li>○ Given unwarranted drugs</li> <li>○ Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness</li> <li>○ Force-fed</li> <li>○ Deprived of food or water for a prolonged period or continually</li> </ul> </li> <li>• Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional?</li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is there a need for a safety plan?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime, e.g. assault, battery?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the injury the result of a normal part of aging or disease process?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)</li> <li>• Burns from such things as: cigarettes, appliances, or hot water</li> <li>• Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</li> <li>• Signs of traumatic hair and tooth loss</li> <li>• Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:                             <ul style="list-style-type: none"> <li>○ head, i.e., face, ears, and neck</li> <li>○ arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm)</li> <li>○ genitalia</li> <li>○ soles of the feet</li> <li>○ posterior torso (including</li> <li>○ chest, upper and lower back, and buttocks</li> <li>○ Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained)</li> <li>○ Bilateral bruising of the inner thighs (indicating sexual abuse)</li> </ul> </li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<p><b>Physical Abuse</b> (continued) W&amp;IC 15610.63 (a)(b)(c)(d)(f)</p>			<ul style="list-style-type: none"> <li>• Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix?</li> <li>• Is the client cognitively impaired?</li> <li>• Does the client use an assistive device for mobility?</li> <li>• Does the client require assistance with ADLs?</li> <li>• If the client is bruised, does he/she remember how he/she got the bruises?</li> <li>• Are the suspected abuser’s and the client’s explanations about how the injury occurred consistent with one another?</li> <li>• Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> <li>• Does the suspected abuser understand the doctor’s instructions regarding the administration of medications, and/or use of restraints?</li> </ul>	<ol style="list-style-type: none"> <li>1. Larger bruises—accidental bruises tend to be smaller than deliberate ones</li> <li>2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries</li> </ol> <ul style="list-style-type: none"> <li>• Injuries in various stages of healing including multicolored bruises (indicating they occurred over time).</li> <li>• Medical assessment and lab work including medical opinion on the results</li> <li>• Signs of malnutrition or dehydration without illness-related cause</li> <li>• Police arresting the accused for battery or assault</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
<p><b>Sexual Abuse</b> W&amp;IC 15610.63 (e)</p>	<p><b>Sexual abuse</b> is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unwanted touching</li> <li>• All types of sexual assault or battery such as rape, sodomy, and coerced nudity</li> <li>• Sexually explicit photographing</li> <li>• Forced exposure to pornography</li> <li>• Unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul>	<p>1. Evidence a sexual incident(s) or situation(s) occurred</p> <p style="text-align: center;"><b>and</b></p> <p>2. The incident or situation is unwanted or non-consensual in nature.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been:                             <ul style="list-style-type: none"> <li>○ Touched in an unwanted fashion</li> <li>○ Raped, sodomized, or forced to take off his/her clothes</li> <li>○ Photographed in a sexually explicit way</li> <li>○ Forced to look at pornography</li> <li>○ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul> </li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is there a need for a safety plan?</li> <li>• Are this client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act?</li> <li>• Does the client have family or friends to provide emotional support or to advocate on his/her behalf?</li> <li>• Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Genital or anal pain, irritation or bleeding</li> <li>• Bruising on external genitalia or inner thighs</li> <li>• Difficulty walking or sitting</li> <li>• Torn, stained or bloody underclothing</li> <li>• Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.</li> <li>• Client forced to watch pornography on the television and/or computer</li> <li>• Client is newly diagnosed with a sexually transmitted disease</li> <li>• Medical assessment and lab work, including a medical opinion support the report of sexual assault</li> <li>• The dependent adult is pregnant</li> <li>• Sudden, marked change in personality or demeanor</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
<p><b>Sexual Abuse</b> (continued) W&amp;IC 15610.63 (e)</p>			<p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature?</li> </ul>	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
<p><b>Financial Abuse</b> W&amp;IC 15610.3 (a)(b)</p>	<p><b>Financial abuse</b> is the illegal or improper use of a client's funds, property or assets.</p>	<ol style="list-style-type: none"> <li>1. Funds, property or assets belonging to the client</li> <li>2. Have been taken, secreted, appropriated, and/or retained</li> </ol> <p><b>and</b></p> <ol style="list-style-type: none"> <li>3. For a wrongful use (likely to be harmful to the client)</li> </ol> <p><b>or</b></p> <ol style="list-style-type: none"> <li>4. With intent to defraud</li> </ol>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been financially exploited by someone, e.g.             <ul style="list-style-type: none"> <li>○ Cashing a client's check or using/misusing a client's debit card without authorization or permission</li> <li>○ Forging the client's signature</li> <li>○ Misusing or stealing the client's money or possessions</li> <li>○ Taking the client's funds or property by using undue influence</li> <li>○ Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will</li> <li>○ Improperly executing the duties of conservatorship, guardianship, or powers of attorney</li> </ul> </li> <li>• Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors</li> <li>• Who is making the financial decisions and are the decisions being made in the client's best interest?</li> <li>• Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?</li> <li>• Is the suspected abuser targeting vulnerabilities (e.g. takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Unpaid bills, eviction notices or notices to discontinue utilities</li> <li>• Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client</li> <li>• Bank statements and canceled checks no longer delivered to the client's home</li> <li>• New "best friends" who take an interest in the client's finances</li> <li>• Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation</li> <li>• Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals</li> <li>• Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)</li> <li>• A suspected abuser's excessive interest in the amount of money spent on the client</li> <li>• Missing belongings or property</li> <li>• Suspicious signatures on checks or other documents</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
<p><b>Financial Abuse</b> (continued) W&amp;IC 15610.3 (a)(b)</p>			<ul style="list-style-type: none"> <li>• Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud?</li> <li>• Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative?</li> </ul> <p>3. Are there any indicators of undue influence, such as:</p> <ul style="list-style-type: none"> <li>○ Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness &amp; vulnerability?</li> <li>○ Is the suspected abuser attempting to make the client emotionally dependent?</li> <li>○ Is the suspected abuser trying to isolate the client?</li> <li>○ Is the suspected abuser attempting to take control of the client’s life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances?</li> <li>○ Is the suspected abuser creating an “us against them” mentality?</li> <li>○ Is the suspected abuser exploiting his/her emotional relationship with client?</li> </ul> <ul style="list-style-type: none"> <li>• Is the client susceptible to threats of abandonment?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> <li>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of documentation about financial arrangements</li> <li>• Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client’s finances</li> <li>• Client’s ignorance or lack of understanding regarding financial arrangements made on his/her behalf</li> <li>• The client is not receiving care nor is his/her living arrangements commensurate with his/her assets.</li> <li>• The scope/quality of care the client has been receiving is reduced</li> <li>• The suspected abuser cues or prompts the client or interrupts the client in interviews</li> <li>• There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories.</li> <li>• Changes in the ownership of property and other assets.</li> <li>• Client has received a foreclosure notice.</li> <li>• Client’s service providers were changed after the suspected abuser became involved in the client’s life.</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
<p><b>Financial Abuse</b> (continued) W&amp;IC 15610.3 (a)(b)</p>			<p>4. Are the client’s needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client’s resources while the client does not have the necessary care, supplies or affordable amenities?</p> <p>5. Have there been any changes in the client’s contact with his/her social network?</p> <p>6. Are there any changes in the client’s affect, tone of voice, or body language when in the suspected abuser’s presence?</p> <p>7. What changes have occurred in the client’s life and living situation since the suspected abuser became actively involved with the client?</p> <p>8. Is the client depressed, anxious, or fearful?</p> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the suspected abuser resist or try to interfere with the client being interviewed alone?</li> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• What was the suspected abuser’s financial history before becoming actively involved with the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the client is limited by the suspected abuser.</li> <li>• The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
<p><b>Neglect</b> W&amp;IC 15610.57 (a)(b)</p>	<p><b>Neglect</b> is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.</p>	<ol style="list-style-type: none"> <li>1. Negligent failure to take action, whether intentional or unintentional.</li> <li>2. Could be:                             <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> </li> <li>3. Level of care or service is what a reasonable person would provide.</li> </ol> <p>* "Care custodian" means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been neglected because:                             <ul style="list-style-type: none"> <li>○ A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care</li> <li>○ An in-home service provider has failed to provide the client with necessary care.</li> <li>○ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client.</li> <li>○ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering.</li> </ul> </li> <li>• Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)?</li> <li>• Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?</li> <li>• What is the level of stress in the in the household due to financial, family, marital, or health problems?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client has bad hygiene and smells of foul odor.</li> <li>• Client has long, dirty, and unkempt finger and toe nails.</li> <li>• The suspected abuser is creating a risk to the client's health by                             <ul style="list-style-type: none"> <li>○ not providing the prescribed medication properly (e.g. diabetes or high blood pressure)</li> <li>○ not providing transportation to medical/mental health visits</li> <li>○ not complying with the client's medical appointments</li> </ul> </li> <li>• Client's home is in dilapidated condition.</li> <li>• Client is living in hoarding conditions.</li> <li>• Client has been living with no running water, heat, or electricity.</li> <li>• Client is found soiled and the house smells of feces.</li> <li>• The suspected abuser refuses to dress the client or dresses the client inappropriately.</li> <li>• The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
<p><b>Neglect</b> (continued) W&amp;IC 15610.57 (a)(b)</p>			<p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client’s capacity?</li> <li>• Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect.</li> <li>• Does the client have a mental illness or drug or alcohol problems that make providing care difficult?</li> <li>• Does the client have an abusive or dominating personality?</li> <li>• Does the client resist help?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the neglect intentional or unintentional?</li> <li>• Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication?</li> <li>• Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)?</li> <li>• Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client?</li> <li>• Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care?</li> <li>• Does the suspected abuser have Durable Power of Attorney over client?</li> <li>• Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would?</li> </ul>	<ul style="list-style-type: none"> <li>• Deprivation by care custodian: WI&amp;C 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following:             <ul style="list-style-type: none"> <li>(a) The provision of medical care for physical and mental health needs.</li> <li>(b) Assistance in personal hygiene.</li> <li>(c) Adequate clothing.</li> <li>(d) Adequately heated and ventilated shelter.</li> <li>(e) Protection from health and safety hazards.</li> <li>(f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.</li> <li>(g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.</li> </ul> </li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
<p><b>Neglect</b> (continued) W&amp;IC 15610.57 (a)(b)</p>			<ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a criminal record?</li> <li>• If a licensed agency is responsible, is a cross report warranted?</li> </ul>	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
<p><b>Self Neglect</b> W&amp;IC 15610.57 (a)(2), (b)(5)</p>	<p><b>Self-Neglect</b> is an adult's refusal or failure to perform essential self-care tasks.</p>	<p>1. Client is refusing or failing to exercise self care.</p> <p style="text-align: center;"><b>and</b></p> <p>2. The level of self care is not reasonable.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client's self care is or has been inadequate, for example:                             <ul style="list-style-type: none"> <li>○ Not obtaining essential food, clothing, shelter, and medical care or</li> <li>○ Not maintaining physical health, mental health, financial health, or general safety?</li> </ul> </li> <li>• Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect.</li> <li>• Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency.</li> <li>• Is this client known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect.</li> <li>• Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?</li> <li>• Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?</li> <li>• Does the client exhibit hoarding behavior, including animal hoarding?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client is unable/fails/refuses to take in adequate amounts of food and fluids.</li> <li>• Client has a noticeable weight loss or is showing signs of malnutrition.</li> <li>• Client's physical appearance shows sunken eyes.</li> <li>• Client is eating food that is potentially unsafe or harmful to his/her health condition.</li> <li>• Client is unable/fails/refuses to dress him/herself appropriately.</li> <li>• Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor.</li> <li>• Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity).</li> <li>• Client is unable/fails/refuses medical care and/or mental health services.</li> <li>• Client is unable/fails/refuses to take his/her medication.</li> </ul>

<b>Abuse or Neglect Category</b>	<b>Operational Definition</b>	<b>Essential Defining Elements</b>	<b>Evidentiary Issues to Consider</b>	<b>Signs of Self-Neglect</b>
<p><b>Self Neglect</b> (continued) W&amp;IC 15610.57 (a)(2), (b)(5)</p>			<ul style="list-style-type: none"> <li>• Is the self-neglect a result of lack of awareness or inability?</li> <li>• Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health?</li> <li>• What resources were available to the client and how reasonable is it that the client could have accessed them?</li> <li>• If resources were available combined with functional ability and balancing safety – could safety be maintained?</li> <li>• Is the client able to manage his/her finances?</li> </ul>	<ul style="list-style-type: none"> <li>• Bills are unpaid or payments are late.</li> <li>• Utilities are shut off or at risk of being shut off.</li> <li>• Client is unable/fails/refuses to protect his/her money from scams or others.</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
<p><b>Psychological Abuse (Mental Suffering)</b> W&amp;IC 15610.53</p>	<p><b>Psychological abuse</b> is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.</p>	<p>1. Emotional distress exhibited by client  <b>and</b> 2. The emotional distress is a result of someone else's behavior/ actions.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been                             <ul style="list-style-type: none"> <li>○ Verbally assaulted, insulted, and threatened</li> <li>○ Intimidated, humiliated (e.g., treated as an infant), and harassed.</li> <li>○ Given the "silent treatment" or had affection withdrawn</li> <li>○ Told misleading comments made with malicious intent to inflict emotional harm.</li> </ul> </li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others?</li> <li>• Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity?</li> <li>• Is the response of others to the client's cognitive impairment causing the client additional emotional distress?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.</li> <li>• Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc.</li> <li>• Client looks depressed.</li> <li>• Client is confused or disoriented.</li> <li>• Client is showing signs of confinement.</li> <li>• Suspected abuser lying to the client deliberately to upset him/her.</li> <li>• Client being intimidated/ harassed by others</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
<p><b>Abandonment</b> W&amp;IC 15610.05</p>	<p><b>Abandonment</b> is intentionally leaving or forsaking a client</p>	<p>1. Desertion is deliberate</p> <p>2. Could be:</p> <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> <p>3. Reasonable person would continue to provide care and custody.</p> <p><b>*“Care custodian”</b> means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client has been abandoned?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> <li>• Is the abandonment part of a threat?</li> <li>• Is there a risk to the client’s safety because of where he/she was left?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client cognitively impaired?</li> <li>• Did the client consent to be left?</li> <li>• Is it in the client’s best interests to be left where he/she is?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Was the client abandoned for the personal gain or to meet someone other than the client’s needs?</li> <li>• Is the suspected abuser dependent financially or otherwise on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return</li> <li>• Caregiver for a client who cannot manage without assistance goes away without making plans for coverage</li> <li>• Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care</li> <li>• Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
<p><b>Isolation</b> W&amp;IC 15610.43</p>	<p><b>Isolation</b> is the purposeful prevention of communication between a client and others without the client’s consent or knowledge when the action is not in the client’s best interest.</p>	<p>1. The action of the suspected abuser is purposeful                  2. Client does not or cannot consent  <b>and</b>                  3. Not in the client’s best interest</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been isolated—such as restricting a client’s personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats?</li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as:                         <ul style="list-style-type: none"> <li>○ attempting to make the client emotionally dependent</li> <li>○ attempting to take control of the client’s life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances</li> <li>○ creating an “us against them” mentality</li> <li>○ fostering powerlessness &amp; vulnerability in the client</li> <li>○ exploiting his/her emotional relationship with client?</li> </ul> </li> <li>• Is the suspected abuser trying to control the client’s through deceit, coercion, force, or threats?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> <li>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client’s support system, both formal and informal, has increasingly restricted access to the client, e.g.:                         <ul style="list-style-type: none"> <li>○ visitors are turned away</li> <li>○ phone calls blocked</li> <li>○ phone number changed</li> <li>○ mail not given to the client</li> </ul> </li> <li>• The client’s ability to contact others is made difficult by                         <ul style="list-style-type: none"> <li>○ denying the client access to a phone</li> <li>○ disconnecting the client’s phone</li> </ul> </li> <li>• There is a change in the client’s doctors, attorneys, etc.</li> <li>• Caregivers not hired by the suspected abuser are fired.</li> <li>• Client’s mailing address is changed to a PO Box or the suspected abuser’s address.</li> <li>• Client is told that friends and/or family are mad at him/her (as reason they are not visiting).</li> <li>• Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
<b>Isolation</b> (continued) W&IC 15610.43			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"> <li>• Is the suspected abuser isolating the client for personal gain?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance abuse or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
<p><b>Abduction</b> W&amp;IC 15610.06</p>	<p><b>Abduction</b> is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.</p>	<ol style="list-style-type: none"> <li>1. The client was taken from California and is not being allowed to return. <b>or</b></li> <li>2. The client is a California resident who is out of state and wants to return but is not being allowed to. <b>and</b></li> <li>3. The client did not leave of his/her own volition or the conservator hasn't consented. <b>or</b></li> <li>4. The client does not have the capacity to consent</li> </ol>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been abducted?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime, e.g. kidnapping?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have the capacity to consent to the move or is the client conserved?</li> <li>• Did the client consent or did the conservator give permission for the move?</li> <li>• Is it in the client's best interests to move?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• The client was taken from California and is not being allowed to return.</li> <li>• A California resident is out of state, wants to return but is not being allowed to.</li> <li>• The client adult did not leave of his/her own volition.</li> <li>• The client was not removed from the state as protective measure or because it was in his/her best interest.</li> </ul>

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## Guiding Principles

### Findings Are:

- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client's perspective in determining self-neglect

### Findings Are Not:

- Tied to services, i.e., you need not have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county's or agency's political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement's response to the finding

### Guidance on Findings:

- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers' synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

### Guidance on Information Gathering:

- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.

- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

### **Types of Evidence:**

- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

### **Finding Standards:**

- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
  - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
  - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
  - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
  - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
  - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule: Because of the complexity and uniqueness of abuse and neglect investigations, exceptions can and do happen. When that occurs, the worker should consult with his/her supervisor.

## **Introduction to the Framework for Determining Dependent Adult Status**

Determining who is a dependent adult for APS purposes is challenging because while the regulations provide great flexibility, they offer little guidance; and the process is further complicated by the multiple issues involved. Consequently, county staff spend inordinate amounts of time wrestling with the decision, and both clients and advocates are confused about who is eligible for APS services. The CWDA Protective Services Operations Committee (PSOC) asked their Consistency Workgroup to address this troublesome problem by developing a standard approach to the determination of a dependent adult for purposes of eligibility to APS services.

The Consistency Workgroup spent a year drafting a framework to reliably and uniformly determine if a person is a dependent adult, by clarifying the information needed and providing a consistent approach to understanding and evaluating the information gathered. The resulting procedure creates a standard of practice for the field.

There are two major components to the determination of dependency status process:

- establishing dependency, and
- ascertaining eligibility to APS services

For establishing dependency, the procedure sets forth a consistent practice for identifying relevant information, gathering and evaluating it, and assessing the interaction of the disability, functional impairments, and protection issues. This will standardize the process of determining if an individual is a dependent adult.

For ascertaining eligibility to APS services, the framework identifies the various factors that influence the determination of the most appropriate response. This will improve the transparency of the decision-making process by identifying the various factors that a county must take into consideration when making its decision about how best to respond to a report of abuse. Uniformity in determination of response is difficult because the decision is heavily influenced by the availability of resources—both internal resources such as APS funding, staffing, and workloads; and external resources such as community-based services, mental health services, homeless services, etc. Other factors that must be considered in determining the most appropriate response include contractual obligations and expectations from the community or other county offices. These all vary significantly from county to county, and even vary within a county from one day to the next. Consequently, the framework aims to improve the consistency of the factors involved in the decision-making process, rather than the response.

The framework is presented in two different formats: a narrative guide and a chart. Both provide guidance on the information to be collected, how to evaluate it and the disposition options. In addition, the chart includes an operational definition of “dependent adult,” distills the essential elements of the definition, provides examples of information which would support a dependency determination, and suggests issues that might influence the decision making process. Because determining dependency is more challenging when the protection issue is self-neglect, the committee identified additional issues to be considered when evaluating dependency status and eligibility for APS services for this population. Also, even though inpatients in acute care hospitals are automatically deemed to be dependent adults

2.4: Introduction to the California APS Framework for Determining Dependent Adult Status

and eligible to APS services, they are included in the chart because it is a comprehensive document which addresses the entire range of dependent adult referrals.

These tools will provide structure to the decision-making process and provide workers with a standard of practice which will improve the consistency of APS practice throughout the state.

## Determining Dependent Adult Status Guide

### Introduction

This guide was developed by the Protective Services Operations Committee's Consistency Committee in order to provide assistance with the difficult task of determining who is a dependent adult for purposes of eligibility to APS services.

Determining dependency status for APS includes both establishing dependency and ascertaining eligibility to APS services. It is not just determining if an individual has a disability. Dependency status for APS entails more than just a disability. To be considered a dependent adult by APS, an individual must have a disability that results in functional impairment, which interferes with the person's ability to protect his/her own interests. In addition, merely meeting this definition of dependent adult does not automatically qualify one to receive APS services. There must be a protection issue, and that issue must be related to the disability or functional impairment.

There are two major components to the determination of dependency status process. The first part focuses on the individual's disability, impairments, protection issue, and the interplay of these facts. The second part focuses on determining the most appropriate response to the report of abuse.

### Part I: Assessment of the Individual's Dependency Status

#### A. Gather Information (*Intake Interview*)

The intake interview is the primary source for information needed to evaluate the dependency status of the proposed client, the alleged protection issues, and the relationship between the two. The information to be gathered includes:

- Age
- Disability
- Functioning
- Protection Issue (abuse/neglect that is being alleged)
- Relationship between the disability and the protection issues

The following are guide questions to assist in collecting the needed information:

#### *Age*

- Is the person between the ages of 18 & 64?

### ***Disability***

- What health/medical issues does the person have?
- What mental/cognitive impairments, whether officially diagnosed/granted or not, does the person have? Such as:
  - Memory difficulties, confusion, dementia, or poor judgment
  - Depression
  - Developmental disability
  - Traumatic brain injury
  - Substance abuse
  - Other mental health issue
- Does this person receive SSI or some other disability payment? If not, what is his/her source of income?
- Is the person receiving services from another agency?
- Is the person employed? If so, what are the specifics of the employment?
- Is this person conserved or does he/she have a representative payee?
- Can the person pay his/her own bills?

### ***Functionality***

- What functional impairments does the person have? For example:
  - Problems standing, bending, reaching, lifting, etc
  - Mobility problems—e.g., walks with an assistive device, needs help with physical transfers, help getting in and out of vehicles or the bath tub, etc.
  - Forgetful and/or confused—e.g., not able to remember to take medications, pay bills, eat, go to the doctor, etc.
  - Not able to supervise caregiver
  - Progressive cognitive decline
  - Emotionally immobilized
- Is assistance required with ADLs and/or IADLs, especially such tasks as feeding and bathing?
- Does the person have diminished capacity or lack the understanding to make, communicate, or implement sound decisions?
- What are the functional strengths? For example - does s/he drive, work, or shop?
- Is the person dependent upon a caregiver?
- Can the person advocate for self and/or protect own self-interest?
- If the possible victim is the reporter, is he/she able to clearly and specifically describe the abuse? If not, is the possible reluctance to discuss the situation because of shame, fear of retaliation, or fear of abandonment?

### ***Protection Issues***

- What abuse/neglect is being alleged (the protective issue)?
- In what way is the person at risk, e.g.,
  - Isolated
  - Relies on other for food clothing and shelter
- Is the person experiencing (or at risk of experiencing) a decline in health, physical or mental functioning, general well-being, safety, or finances because of the actions (or inactions) of another?
- Does the person have a caregiver who is not being supervised (by the client or client's delegate)?
- Are the person's actions or inactions in caring for self or managing one's own affairs, putting him/her at risk of harm or injury?
- Are there health and safety issues because of hoarding and cluttering?
- Does the person require custody, treatment, or care in order to protect own safety or for the welfare of others?
- What services is the person receiving/been offered?
- Is the abuse is likely to continue with or without APS intervention?
- What made you call today?
- What/who is the source of this information (saw it, heard about it etc.)?

### ***Relationship between the protection issue and the disability***

- Does the disability impact the person's ability to
  - protect himself/herself on a day to day basis?
  - Care for himself/herself on a day to day basis?
  - self-advocate and manage his/her daily life?
- Is there a correlation between the disability and the alleged abuse/protective issue?
- Is there a connection between the person's functional limitations and the alleged abuse/protective issue?

### ***Intake workers need to think about:***

- How do the issues interact?
- Is there another agency that is more appropriate to respond to this report, e.g., law enforcement well-being check, mental health crisis team, etc?

## **B. Evaluate dependency status**

Dependency status is a combination of a disability and the inability to protect one's own interests. This link between the disability, the resulting functional impairment, and the protection issue, is what APS

must ascertain in order to determine eligibility to APS services. APS must determine if the individual's vulnerability is being exploited.

Examples of dependent adults include, but are not limited to, the following:

- Adults who are cognitively limited to the extent that they cannot function independently without placing themselves in danger.
- Adults who have severe sensory disabilities (such as hearing loss) or vision problems, and are in need of assistance with their normal activities of daily living, such as preparing food, grocery shopping, bill paying, etc.
- Adults who have mental illness and whose illness severely interferes with their ability to care for themselves to the extent that they are a serious danger to themselves or to others.
- Adults with early onset dementia or Alzheimer's disease who cannot function independently without the threat of danger to themselves or others, or adults who need assistance in making ordinary decisions regarding their housing, finances, clothing, and food needs.
- Adults with impaired cognitive functioning who cannot function independently without the threat of danger to themselves or others, or adults who need assistance in making ordinary decisions regarding their housing, finances, clothing, and food needs.

## **Part II: Determination of Response**

Staffing levels, the volume of intakes, and the urgency of the intakes all have an impact on the assignment of cases. When the volume of reports is high and/or when there are a lot of emergency responses, counties attempt to mitigate the workload by increasing the number of cases handled by means other than assigning them to workers.

Adequate information upon which to determine if the individual is a dependent adult is very important. There is a hierarchy of steps that can be taken to collect the information before assigning the case to an APS worker to make a field visit. They are:

- Train intake staff to gather the needed information
- Make follow-up calls to the reporter
- Check with other programs the individual might be using for information, e.g., IHSS, mental health, etc.
- Use other agencies when appropriate, such as police for a well-being check

Other factors that may be considered in the evaluation process are:

- Will APS involvement provide access to services otherwise unavailable to the client, such as, a multidisciplinary approach, APS contracted services, etc?
- Is there another agency that is more appropriate to respond to this report, e.g., law enforcement well-being check, mental health crisis team, etc?
- Is there the possibility of the situation becoming high profile?

Once APS accepts the report, there are several response options:

- I&R (when there is not protection issue, for example)
- NIFFI
- Assigned to worker for a face-to-face

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## Dependent Adult Definition Chart—Abuse/Neglect by Another

Purpose and Operational Definition	Essential Defining Elements	Information to Confirm the Essential Elements	Issues to Consider and Determination of Response
<p><b>PURPOSE:</b> Dependency status is a combination of a disability and the inability to protect one’s own interests. <b>This link between the disability, the resulting functional impairment, and the protection issue</b> is what APS must ascertain in order to determine eligibility to APS services. APS must determine if the individual’s vulnerability is being exploited.</p> <p><b>DEFINITION:</b> W&amp;I Code 15610.23 Any person residing in the state who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Includes any person between the ages of 18 and 64 who is admitted as an in-patient to a 24 hour health facility, as defined in sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.</p>	<p><i>(The numbers in this column correspond to the numbers in the “Information to Confirm the Essential Elements” column.)</i></p> <ol style="list-style-type: none"> <li>1. Age 18-64 yrs old</li> <li>2. Physical or mental disability which results in</li> <li>3. Impaired functioning that is</li> <li>4. Linked to the protection issue</li> <li>5. Abuse/neglect by another</li> </ol> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> <li>1. Age 18-64 yrs old</li> <li>5. Abuse/neglect by another</li> <li>6. Currently admitted in an acute care medical facility</li> </ol>	<p><b>May</b> include but is not limited to:</p> <ol style="list-style-type: none"> <li>1. <b>Age:</b> 18-64</li> <li>2. <b>Physical/Mental Disability</b> <ul style="list-style-type: none"> <li>• Receiving SSI/SDI or</li> <li>• Health/medical issues sufficient to qualify for permanent/long-term disability payments</li> <li>• Life threatening medical issue</li> <li>• Mental/cognitive impairments – officially diagnosed or not, e.g.,                             <ul style="list-style-type: none"> <li>○ Regional Center client/ Developmentally Delayed</li> <li>○ Memory problems, confusion, dementia</li> <li>○ Mental Health Issues</li> <li>○ Traumatic Brain Injury</li> </ul> </li> <li>• Has a representative payee (except when rep payee status is required to receive a service and is not otherwise needed)</li> </ul> </li> <li>3. <b>Physical Functional Impairments</b> <ul style="list-style-type: none"> <li>• Restricted ability to carry out ADLs and IADLs, especially                             <ul style="list-style-type: none"> <li>○ Tasks related to feeding and bathing</li> <li>○ Difficulty standing, bending, reaching, etc</li> <li>○ Impaired mobility, i.e., walks with an assistive device, needs help with physical transfers, entering/exiting vehicles, bath tub, etc</li> </ul> </li> <li>• Unable to work (however a person may be employed and still be a dependent adult (DA))</li> </ul> </li> <li>3. <b>Cognitive Functional Impairments</b> <ul style="list-style-type: none"> <li>• Diminished capacity or lack of capacity /understanding to                             <ul style="list-style-type: none"> <li>○ make, communicate, or implement sound decisions</li> <li>○ protect self</li> </ul> </li> <li>• Progressive cognitive decline</li> <li>• Emotionally immobilized</li> </ul> </li> <li>4. <b>Protection Issue</b> <ul style="list-style-type: none"> <li>• Caregiver who is not being supervised by client (or a delegate)</li> <li>• Is dependent upon others for care and has experienced or is at risk of experiencing a decline in health, physical or mental functioning, general well-being, safety, or finances because of the actions or inactions of others</li> <li>• Increased vulnerability and risk of harm or injury because                             <ul style="list-style-type: none"> <li>○ Person is isolated</li> <li>○ Person relies on others for food, clothing, medication, and/or shelter</li> </ul> </li> </ul> </li> <li>5. <b>Abuse by Another:</b> There are indicators of abuse or neglect by another.</li> <li>6. <b>Admission in Hospital</b> <ul style="list-style-type: none"> <li>• Person is admitted as an in-patient</li> <li>• The hospital is an acute care medical facility</li> </ul> </li> </ol>	<p><b>Evaluation of the Dependency Status</b> may include but is not limited to:</p> <p>General Considerations:</p> <ul style="list-style-type: none"> <li>• How do the issues interact?</li> <li>• What is the level of vulnerability created by the incapacity?</li> <li>• If the person is employed, what are the specifics of the employment?</li> <li>• Is the victim the reporter? If so, is he/she able to clearly and specifically describe the abuse?</li> </ul> <p>Disability/Functionality Considerations</p> <ul style="list-style-type: none"> <li>• Does the person have a disability causing a functional impairment?</li> <li>• Does the disability/functional impairment result in the inability to                             <ul style="list-style-type: none"> <li>○ protect one’s own interests on a day to day basis</li> <li>○ care for oneself on a day to day basis</li> <li>○ self-advocate and manage one’s daily life?</li> </ul> </li> </ul> <p>Protection Considerations</p> <ul style="list-style-type: none"> <li>• Does the individual’s condition predispose him/her to abuse/neglect?</li> <li>• What prevents the client from protecting him/herself?</li> <li>• Is there a connection between the client’s functional limitations and the abuse/neglect he/she is experiencing?</li> <li>• Is the person’s vulnerability being exploited?</li> <li>• Is the reporter able to follow through with the directions given by the intake worker, e.g., make a police report, or is the reporter afraid of retaliation or of upsetting the client, etc.?</li> </ul> <p><b>Determination of Response</b> may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Who/what is the source of the information being reported?</li> <li>• What services have been offered and what services are being provided?</li> <li>• Is another agency more appropriate to respond to the report?</li> <li>• Will APS involvement provide access to services otherwise unavailable?</li> <li>• Are there any APS partnerships which would require APS to respond?</li> <li>• Is the abuse likely to continue without APS intervention?</li> <li>• Is there the possibility of the situation becoming high profile?</li> <li>• What is the urgency of the situation, i.e., why make the report today?</li> <li>• What is your current staffing level?</li> <li>• What is the volume of intakes?</li> <li>• What is the urgency of the intakes?</li> </ul> <p><b>Response Options</b></p> <ul style="list-style-type: none"> <li>• Is there a protection issue? If not, treat as an I&amp;R.</li> <li>• Is an in-person response needed? If not, make the response a NIFFI.</li> <li>• Does the person have a disability which caused a functional impairment that led to the abuse? If so, assign for a face-to-face assessment.</li> </ul>

### Determining Dependent Adult Status for Self-Neglect

Purpose and Operational Definition	Essential Defining Elements	Information to Confirm the Essential Elements	Issues to Consider and Determination of Response
<p><b>PURPOSE:</b> Dependency status is a combination of a disability and the inability to protect one’s own interests. <b>This link between the disability, the resulting functional impairment, and the protection issue is what APS must ascertain in order to determine eligibility to APS services. APS must determine if the individual’s vulnerability is being exploited.</b></p> <p><b>DEFINITION:</b> W&amp;I Code 15610.23 Any person residing in the state who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.</p>	<p><i>(The numbers in this column correspond to the numbers in the “Information to Confirm the Essential Elements” column.</i></p> <ol style="list-style-type: none"> <li>Between 18-64 yrs old</li> <li>Physical or mental disability which results in</li> <li>Impaired functioning that is</li> <li>Linked to the protection issue</li> <li>Self neglect</li> </ol>	<p><b>May</b> include but is not limited to:</p> <ol style="list-style-type: none"> <li><b>Age:</b> 18-64</li> <li><b>Physical/Mental Disability</b> <ul style="list-style-type: none"> <li>Receiving SSI/SDI or has health/medical issues sufficient to qualify for permanent/long-term disability payments</li> <li>Life threatening medical issue</li> <li>Mental/cognitive impairments – officially diagnosed or not, e.g.,                             <ul style="list-style-type: none"> <li>Regional Center client/ Developmentally Delayed</li> <li>Memory problems, confusion, dementia</li> <li>Mental Health Issues</li> <li>Traumatic Brain Injury</li> <li>Alcohol and or Substance Abuse</li> </ul> </li> <li>Physical impairments are more compelling support for dependency status than substance abuse</li> <li>Has a representative payee (except when rep payee status is required to receive a service and is not otherwise needed)</li> </ul> </li> <li><b>Physical Functional Impairments</b> <ul style="list-style-type: none"> <li>Restricted ability to carry out ADLs and IADLs, especially                             <ul style="list-style-type: none"> <li>Tasks related to feeding and bathing</li> <li>Difficulty standing, bending, reaching, etc</li> <li>Impaired mobility, i.e., uses an assistive device, needs help with physical transfers, entering/exiting vehicles, bath tub, etc</li> </ul> </li> <li>Unable to work (but a person may be employed and still be a DA)</li> </ul> </li> <li><b>Cognitive Functional Impairments</b> <ul style="list-style-type: none"> <li>Cognitive decline, diminished capacity, or emotionally immobilized</li> <li>Lack of capacity or understanding to                             <ul style="list-style-type: none"> <li>protect self</li> <li>make, communicate, or implement sound decisions</li> <li>manage self care, services or care needed, or property</li> <li>obtain needed services</li> </ul> </li> <li>Forgetful or confused, e.g., not able to remember to take medications, pay bills, eat, go to the doctor, secure shelter</li> <li>Unable to understand risks and consequences of behavior</li> </ul> </li> <li><b>Protection Issue</b> <ul style="list-style-type: none"> <li>Person’s actions/inactions in caring for self or managing one’s affairs are putting him at risk of harm or injury</li> <li>Health and safety issues because of hoarding and cluttering</li> <li>Requires custody, treatment, or care to protect own safety or for the welfare of others, i.e., a danger to self or others</li> </ul> </li> <li><b>Self Neglect:</b> There are indicators that the client is responsible for the alleged abuse or neglect.</li> </ol>	<p><b>Evaluation of the Dependency Status</b> may include but is not limited to:</p> <p><b>General Considerations:</b></p> <ul style="list-style-type: none"> <li>How do the issues interact?</li> <li>What is the level of vulnerability created by the incapacity?</li> <li>If the person is employed, what are the specifics of the employment?</li> <li>Does the victim function normally when not under the influence of drugs/alcohol, or if mentally ill when he takes medication appropriately?</li> <li>Intermittent issues such as binge drinking or a psychotic episode?</li> <li>What is the level of severity for drug/alcohol issues?</li> </ul> <p><b>Disability/Functionality Considerations</b></p> <ul style="list-style-type: none"> <li>Does the person have a disability causing a functional impairment?</li> <li>Does the disability/functionality impairment result in the inability to             <ul style="list-style-type: none"> <li>protect one’s own interests on a day to day basis</li> <li>care for oneself on a day to day basis</li> <li>self-advocate and manage one’s daily life?</li> </ul> </li> </ul> <p><b>Protection Considerations</b></p> <ul style="list-style-type: none"> <li>Does the individual’s condition predispose him/her to abuse/neglect?</li> <li>What prevents the client from protecting him/herself?</li> <li>Is there a connection between the client’s functional limitations and the abuse/neglect he/she is experiencing?</li> <li>Is the reporter able to follow through with the directions given by the intake worker or is he afraid of retaliation or of upsetting the client, etc.?</li> </ul> <p><b>Determination of Response</b> may include but is not limited to:</p> <ul style="list-style-type: none"> <li>Who/what is the source of the information being reported?</li> <li>What services have been offered and what services are being provided?</li> <li>Is another agency more appropriate to respond to the report?</li> <li>Incapacity caused by self due to alcohol, drug or by mental disorders and protecting the adult from its consequences, is within the realm of mental health services as these require skilled/clinical treatment.</li> <li>Will APS involvement provide access to services otherwise unavailable?</li> <li>Are there any APS partnerships which would require APS to respond?</li> <li>Is the abuse likely to continue without APS intervention?</li> <li>Is there the possibility of the situation becoming high profile?</li> <li>What is the urgency of the situation, i.e., why make the report today?</li> <li>What is your current staffing level, volume of intakes and their urgency?</li> </ul> <p><b>Response Options</b></p> <ul style="list-style-type: none"> <li>Is there a protection issue? If not, treat as an I&amp;R.</li> <li>Is an in-person response needed? If not, make the response a NIFFI.</li> <li>Does the person have a disability which caused a functional impairment that led to the abuse? If so, assign for a face-to-face assessment.</li> </ul>

## Guiding Principles for APS Case Documentation

### Purpose of this Guide:

The Protective Services Operations Committee's (PSOC) Consistency Sub-committee developed this Guide to provide assistance with documenting APS Casework in a consistent manner across the State.

This Guide focuses on the purposes and considerations of good report writing and properly maintaining a case record. In addition to this Guide, the accompanying Matrix focuses on the defining elements and standards that constitute appropriate documentation of an APS Case Record.

### Elements of good report writing:

1. Accurate, factual, complete, and timely documentation.
2. Clear, concise, and objective language that will stand up in court, and provide a professional standard for APS casework.

### What is a good APS Case Record?

The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.

### APS Case Record Requirements:

CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.

CDSS Manual of Policies and Procedures 33-805 –Case Record Requirements:

- SOC 341 Form – Report of Suspected Dependent Adult/Elder Abuse
- All written assessments and reassessments.
- The written service plan.
- Any written visitation plan.
- The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
- Documentation of any refusal of services including, if known, the reasons for refusal.
- Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
- Case closure summary.

- Documentation of all supervisory approvals
- Any other information or documents that APS believes necessary to maintain proper record of client's case.

### **Purposes of documentation**

- Documentation to establish baseline data.
- Documentation as evidence of involvement - both justification for being involved and the importance of documentation for court.
- Documentation used to show that the case was handled properly.
- Documentation for purposes of consistency - to demonstrate that the case was handled efficiently and that all relevant leads were followed up on.
- To justify the need for staffing and/or funding - through documentation of the work required as well as the complexity of the work done on the case.

### **Considerations about documentation**

- Who will read your documentation? (possibilities, among others, include: agency director, attorneys, auditors, judges, law enforcement, other APS staff)
- Where will it end up? (possibilities include: local Board of Supervisors or state officials, law enforcement agencies, conservatorship hearings, civil court actions, criminal court actions)
- Who benefits from good documentation? (possibilities include: the worker, their agency, the legal system, and the client)

### **Factual documentation should include:**

- Date, time, duration of contact, type of contact (include who initiated the contact), with whom, who was present, and location.
- Direct and systematic observations
  - What you saw, heard, smelled
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes, like spontaneous Statements
  - Carefully document spontaneous statements. A spontaneous statement is a statement made by a witness, including a victim, while under the stress of excitement caused by witnessing a startling event. It is considered truthful because little time has passed to allow the witness to “make-up” a story.
  - A spontaneous statement can only come from a first-hand witness, such as the victim.

- Document the witness' physical and emotional demeanor, for example behaviors that show the stress level when making the statement.
- Document the victim's physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.
- Save written interviews with non-verbal victims when done on paper.
- Document the name of the person who heard the spontaneous statement.
- Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.
- Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.
- Clear language
  - Understood by any reader
  - Uses limited acronyms and lingo

## Definitions of Subjective and Objective

Subjective description gives an interpretation of an observation. AVOID Subjective descriptions!

Two people seeing the same event might be likely to give different subjective descriptions.

Example of subjective documentation:

*Client was filthy and disheveled*

Judgmental? Inflammatory?

- Two types of statements are inappropriate for good, objective documentation. Judgmental statements, or statements that make value judgments about clients and their behavior; and Inflammatory statements, that utilize negative stereotypes or paint a subjectively negative image of a client, family member, or contact.

Judgmental Examples

- The following statements, unless they are quotes from clients or other relevant parties are judgmental and should not be a part of a legal record:
  - The client is crazy
  - The son is lazy
  - The client is a redneck
  - The daughter just wants to cause trouble

Inflammatory Examples

- These statements, similar to the ones on the previous screen, are not objective and should not be a part of a legal record:
- The client's nephew is a druggie
- The client only wants pain meds to get high
- The client dresses like a hooker
- The client is milking the system
- The mother's relationship is toxic

Objective description tells what was observed. Two people observing the same thing would probably give very similar objective descriptions. This is APPROPRIATE documentation.

Example of objective documentation:

*Client's arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had no socks on and only one shoe.*

## **Case Disposition**

The APS Case Record must justify the disposition of the case:

1. Findings – Determine whether the matter is confirmed, inconclusive, or unfounded using the Consistency in Findings Matrix and Guide, i.e. including reasons for the finding.
2. Actions taken on the case – Provide details on the actions you took or attempted to take to remedy the abuse (e.g. unsafe situation, exploitation, etc.).
3. Reasons for Closure – For example, services are completed, other agency or resource assuming responsibility, etc.

## California APS Standards for Consistency in Case Documentation 2015

Key: **APS** = Adult Protective Services - **Vulnerable Adult** = elder and/or dependent adult, **Abuse** = all types of abuse and neglect/self-neglect.  
**W&IC** (Welfare & Institutions Code), **MPP** (CDSS Manual of Policies & Procedures), **ACL** (CDSS All-County Letter)

Category	Defining Elements	Standard	What to Document	How to Document
<b>Response to Reports – Immediate</b>  W&IC 15763(b) MPP 33-510.1	1. Immediate life threat.  or  2. Imminent danger.  or  3. Crisis on an existing case.  or  4. Local law enforcement request.	Within two hours but no longer than 24 hours from the time the agency received the call.	a. That there was a response within two hours.  b. Reasons for not responding within two hours.	a. Time of call and time of arrival.  b. Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.

Acronyms used in this document:

- SDM – Structured Decision Making
- NTD – No Ten Day
- FTF – Face-to-Face (or in-person) meeting with victim
- NIR – No In-Person Response
- SOC – Designated prefix for forms or templates created by the California Department of Social Services
- MDT – Multi Disciplinary Team
- LE – Law Enforcement
- LTCO – Long Term Care Ombudsman
- PG – Public Guardian’s Office
- DA – District Attorney’s Office
- DCA – California Department of Consumer Affairs

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – Ten Day</b></p> <p>W&amp;IC 15763(b) MPP 33-510.1</p>	<p>Mandated response within 10 days.</p>	<p>Between 24 hours to ten calendar days from the time the agency received the call.</p>	<p>a. That there was a response within ten days. b. Reasons for a different response time, e.g. 2, 3, or 5 days.</p>	<p>a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the timeframe, e.g. reference to internal policies.</p>

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – NTD</b></p> <p>ACL 14-42 W&amp;IC 15763(b)(2) MPP 33-510.1</p>	<p>No protection issue.</p> <p style="text-align: center;"><b>or</b></p> <p>Clients receiving intervention from other agencies/resources.</p> <p style="text-align: center;"><b>or</b></p> <p>Clients where the protection issue was resolved.</p> <p style="text-align: center;"><b>or</b></p> <p>Clients placed in permanent facilities</p> <p style="text-align: center;"><b>or</b></p> <p>Reports received from non-credible resources.</p> <p style="text-align: center;"><b>or</b></p> <p>Reports received involving other circumstances.</p>	<p>Assessed as NTD within 10 days.</p> <p>Resolved and closed within 30 days.</p> <p>A FTF needed within 30 days if unable to resolve and close.</p>	<p>a. Evaluation of risk determining that the vulnerable adult is not in imminent danger.</p> <p>b. An immediate or ten day in-person response is not necessary to protect the health and safety of the vulnerable adult.</p>	<p>a. Time of call and time of arrival.</p> <p>b. Justification Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.</p>

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – NIR</b></p> <p>ACL 14-42 MPP 33-505.1 MPP 33-510.1</p>	<p>1. Reports found to be outside APS jurisdiction or do not meet APS criteria.</p> <p style="text-align: center;"><b>or</b></p> <p>2. Inadequate information to contact or locate the vulnerable adult.</p> <p style="text-align: center;"><b>or</b></p> <p>3. Determination that the vulnerable adult has moved out of state or out of county.</p> <p style="text-align: center;"><b>or</b></p> <p>4. The vulnerable adult is deceased.</p> <p style="text-align: center;"><b>or</b></p> <p>5. A past occurrence that was investigated, and with no new allegations or present risks.</p>	<p>Assessed as NIR within 10 days.</p> <p>Resolved and closed within 30 days.</p>	<p>1. What jurisdiction they belong in, or what criteria they didn't meet.</p> <p>2. Inability to find adequate contact information without assigning the case.</p> <p>3. What jurisdiction they belong in.</p> <p>4. Source of information, and there is no indication that another vulnerable adult is at risk.</p> <p>5. Confirm there are no present risks.</p>	<p>1. Date and time of report, whether a cross-report was made, and where the caller was referred to receive the proper assistance.</p> <p>2. That information could not be obtained from family or another individual with knowledge of the vulnerable adult's whereabouts.</p> <p>3. To whom the cross-report was made, and/or where the caller was referred to.</p> <p>4. Date of death, circumstances if known (e.g. suspicious), any collateral verification of the death.</p> <p>5. Date of past occurrence, and information from other agencies that there are no present risks to the elder or dependent adult.</p>

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – Investigation</b></p> <p>W&amp;IC 15610.40 MPP 33-110.8 MPP 33-510.4 SOC-343</p> <p>*CWDA's APS Guidelines to Supplement Regulations</p>	<p>That activity undertaken to determine the validity of a report of elder or dependent adult abuse.</p>	<ol style="list-style-type: none"> <li>1. Interview of the alleged victim in private, unless he/she requests otherwise.</li> <li>2. Interview the suspected abuser if available and if appropriate.</li> <li>3. Interview others with knowledge of the abuse, e.g. agencies, professionals.</li> <li>4. Other agencies/ professionals involved in the investigation.</li> <li>5. APS Worker observations.</li> <li>6. Document observations that place the worker at risk.</li> <li>7. Document your findings per Consistency in Findings Guidelines.</li> </ol>	<ol style="list-style-type: none"> <li>1. Obtained consent to enter the residence if interviewing victim at home, and consent to speak privately.</li> <li>2. Summarize suspected abuser's statement.</li> <li>3. Summarize the individual statements made by others.</li> <li>4. Agency name and telephone number of contact person.</li> <li>5. Describe the victim and the victim's environment as seen by the APS Worker, i.e. living quarters, adequacy of care, financial arrangements, physical evidence of abuse (Clarify indicators* e.g. Physical Indicators, Behavioral Indicators, Sexual Abuse Indicators, Financial Indicators or any other tools used by your county).</li> <li>6. Criminal activity, animal, filthy hazard, infectious disease, weapons, substance abuse, severe/history of psychological problems, homicidal/ suicidal ideation, violent behavior, sexual harassment.</li> <li>7. All types of relevant and available evidence or facts gathered (whenever possible from more than one source), and as instructed in the *Consistency in Determining Findings Matrix and Guide.</li> </ol>	<ol style="list-style-type: none"> <li>1. Date, time, who was present, who left the room, victim's statement and willingness/ ability to cooperate with investigation, quote relevant statements, especially when made spontaneously and under strong emotion.</li> <li>2. Date, time, who was present, relationship to the client, full name, contact info, role/ position, any consistency/inconsistency, and explanation of the events from the suspected abuser's point of view; quote relevant statements, especially when made spontaneously and under strong emotion.</li> <li>3. Date, time, the relationship to the client, full name, contact info, role/position, and quote relevant statements.</li> <li>4. Any findings, opinions, and quote statements made, e.g. the conclusion of a police report, fire department, or Public Health Nurse (PHN), etc.</li> <li>5. Details of photos taken or obtained during the investigation, and source of information (e.g. documents) gathered by the APS Worker.</li> <li>6. Details on the risky situation, and why it poses a risk. Include recommendations to mitigate the risk, e.g. don't go alone, go with law enforcement, etc.</li> <li>7. Workers should document the specific reasons that led them to their findings for each allegation, not just state their conclusions.</li> </ol>

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – Reporting Party</b></p> <p>ACL 01-18 W&amp;IC 15610.55 W&amp;IC 15633 W&amp;IC 15633.5</p> <p><b>NOTE:</b> Being an MDT member does not automatically grant access to APS confidential information. MDT member must be directly connected to the administration of the APS Program.</p> <p>* Review your County's Policy on how to treat confidential information, e.g. clearing requests with County Counsel.</p>	<p>Types of Reporting Parties (RP):</p> <ol style="list-style-type: none"> <li>1. Non-mandated RP.</li> <li>2. Victim/Client as RP.</li> <li>3. Mandated RP.</li> <li>4. RP is an agency listed under W&amp;IC 15633.5, i.e. APS, local LE, LTCO, PG, DA, Bureau, Probate Court, and DCA Division of investigation.</li> </ol> <p><b>Please Note:</b></p> <p>All information retained on behalf of elders and dependent adults by county adult protective services agencies in the administration of the Adult Protective Services Program is confidential.</p> <p>All information contained in the case record as defined in the MPP Division 33, Chapter 8, Section 33-805, is also confidential.</p>	<ol style="list-style-type: none"> <li>1. May not receive Confidential Information, unless he/she is an MDT member directly connected to the administration of the APS Program.</li> <li>2. May or may not receive confidential information based on County Policy.*</li> <li>3. May not receive confidential information, unless he/she is an MDT member directly connected to the administration of the APS Program.</li> <li>4. May receive confidential information when investigating a case of elder or dependent adult abuse.</li> </ol>	<ul style="list-style-type: none"> <li>• Include any information regarding expression of confidentiality or limitations of sharing information due to the type of RP. ***</li> <li>• Include a summary of the conversation, outcome, and any actions agreed to by either party.</li> </ul> <p><b>*** Example:</b></p> <p>The mandated reporter is the client's dentist. The dentist's services are not required by the client's service plan. Disclosure of confidential information, including acknowledging that the client is receiving adult protective services, is not directly connected to the administration of the Adult Protective Services Program. Therefore, the adult protective services agency may not release confidential information to the dentist. The adult protective services agency may, however, confirm receipt of the report of known or suspected abuse or neglect.</p>	<p>For every RP:</p> <ul style="list-style-type: none"> <li>• Date and time</li> <li>• Type of contact, e.g. call, email, etc.</li> <li>• Name, agency, title</li> <li>• Phone number/contact information</li> <li>• Purpose or reason of contact, call or email to APS</li> </ul> <p>For example:</p> <p>2/28/14 at 3pm Telephone call from Capt. Jones with City Fire Dept (888-555-5555). He responded to the client's home.</p> <p><b>IMPORTANT</b></p> <p>Document the report of abuse in a timely manner, or as soon as practically possible based on your County's policy and procedure.</p>

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Assessment – Capacity Issues</b>                      W&amp;IC 15636                      W&amp;IC 15657.6                      W&amp;IC 15701.25                      W&amp;IC 10850(e)                      MPP 33-110.8                      Probate Code 811, <b>812</b>, 813, 1821, 1881                      Civil Code Sec 39                      Probate Code 2250(a)(b)</p> <p><u>Objectives:</u>                      Initiation and reason for involuntary case planning detailing how to remediate the unsafe situation; and when appropriate, to establish the facts of good cause for appointment of the temporary guardian or temporary conservator. [Probate Code 2250(b)].</p>	<p>Whether or not the vulnerable adult is incapacitated to the extent that he/she cannot give nor deny consent to protective services</p> <p>a) because of suspected mental impairment,</p> <p><b>or</b></p> <p>b) because he/she is an endangered adult.</p>	<p>a) Suspected mental incapacity:</p> <ol style="list-style-type: none"> <li>1. Ability to understand relevant information, e.g. rights, responsibilities.</li> <li>2. Ability to understand and appreciate a situation and its likely consequences.</li> <li>3. Ability to manipulate information rationally, i.e. to reason and understand risks, benefits and alternatives.</li> <li>4. Ability to evidence a choice by communicating verbally or through any other means.</li> </ol> <p>b) Endangerment:</p> <ol style="list-style-type: none"> <li>1. The victim is at risk of serious injury or death due to abuse, or is substantially unable to manage his or her financial resources or to resist undue influence,</li> </ol> <p><b>and</b></p> <ol style="list-style-type: none"> <li>2. The victim demonstrates the inability to take self-protective action.</li> </ol>	<p>a) Suspected Incapacity:</p> <ol style="list-style-type: none"> <li>1. Information to be understood includes nature of client’s condition and situation, nature and purpose of proposed remediation of the situation, possible benefits and risks of that remediation, and alternative approaches (including no intervention) and their benefits and risks.</li> <li>2. Clients who do not acknowledge their abusive or precarious situation (often referred to as “lack of insight”) are likely to remain in unsafe situations.</li> <li>3. Focuses on the process by which a decision is reached, not the outcome of the client’s choice, since clients have the right to make “unreasonable” choices.</li> <li>4. Frequent reversals of choice because of psychiatric or neurologic conditions may indicate lack of capacity.</li> </ol> <p>b) To document endangerment:</p> <ol style="list-style-type: none"> <li>1. Document the victim’s refusal for protective services in light of whether the victim is an endangered adult or not.</li> <li>2. Document the risk of serious injury or death, or the substantial inability to manage his or her financial resources or to resist fraud or undue influence.</li> <li>3. Document how the victim demonstrates the inability to take action to protect himself or herself from the current and/or future consequences of remaining in that situation or condition.</li> </ol>	<p>a) Suspected Incapacity:</p> <ol style="list-style-type: none"> <li>5. Document what the client said in his/her own words about:                         <ol style="list-style-type: none"> <li>A. The problem with his/her situation now.</li> <li>B. The recommended remediation, and its possible benefits and risks.</li> <li>C. Any alternative remedies and their risks and benefits.</li> <li>D. The risks and benefits of no intervention.</li> </ol> </li> <li>6. Document what the client said about:                         <ol style="list-style-type: none"> <li>A. Their view of their situation.</li> <li>B. There needing to be some type of assistance or intervention, and what is it likely to do. And his/her reasons.</li> <li>C. What clients believe will happen if there is no assistance or intervention?</li> <li>D. Why the clients think the recommendations have been made?</li> </ol> </li> <li>7. Document what the client said about:                         <ol style="list-style-type: none"> <li>A. How did the client decide to accept or reject the recommendations?</li> <li>B. What makes the chosen option better than the alternative option(s)?</li> </ol> </li> <li>8. Document the client’s responses to the following:                         <ol style="list-style-type: none"> <li>A. Have you decided whether to follow the recommended remediation?</li> <li>B. Can you tell me what that decision is?</li> <li>C. [If no decision] What is making it hard for you to decide?</li> </ol> </li> </ol> <p>b) How to document endangerment:</p> <ol style="list-style-type: none"> <li>1. Document the worker’s assessment of the risks and danger to the client.</li> <li>2. Document the determination of whether or not to institute involuntary services.</li> </ol>

Category	Defining Elements	Standard	What to Document
<p><b>Service Plan – Development and Monitoring</b></p> <p>W&amp;IC 15763 MPP 33-535</p> <p><u>Please Note:</u> If the client cannot consent to the Service Plan, please refer to your County's Policy on providing involuntary protective services.</p>	<p>A service plan is a set of activities developed with client input and acceptance to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment.</p> <p>The purpose of a service plan is to give direction to efforts to alleviate or reduce identified problems or risks, by specifying actions to be taken and resources to be utilized, and bring about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future.</p>	<p>a) To identify the problems to be alleviated based on the assessment.</p> <p>b) To develop the desired outcomes and strategies to be used in attaining those outcomes.</p> <p>c) To identify resources and supports to be used in order to attain the outcomes and stabilize the situation.</p> <p>d) The services identified in the service plan shall be delivered only with the consent of the elder or dependent adult.</p> <p>e) Monitoring and followup.</p>	<p>a) The client's perception of the problem and concerns and the APS Worker's perception of the problem and concerns. The adult protective services worker shall ensure the client's input in the development of the service plan and shall discuss with the client the voluntary nature of the adult protective services program.</p> <p>b) The specific goals and the steps to attain these goals, and how each step addresses the protective issue. Steps to attain these goals should include:</p> <ul style="list-style-type: none"> <li>• Documenting any counseling on protective issues by APS Worker.</li> <li>• Documenting any expert counseling (e.g. finances, psychotherapy, healthcare, insurance) for clients and significant others to alleviate the identified problems and to implement the service plan.</li> </ul> <p>c) Name of each resource (e.g. agency, service) and support (e.g. relative, friend, neighbor), and their role in stabilizing the situation.</p> <p>d) The adult protective services worker shall document in the case record the client's agreement to the service plan or shall request the client to sign a document that indicates the client's willingness to receive the services in accordance with the service plan.</p> <p>e) Document actions taken to monitor and evaluate the effectiveness of the plan in addressing the protective issues.</p>

# Chapter 3

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## **Templates**

- 3.1: Template MOU between County APS and Long-Term Care Ombudsman
- 3.2: Template MOU between County APS and Local Public Guardian Program

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# MEMORANDUM OF UNDERSTANDING

Between the  
**(Local Long-Term Care Ombudsman Program)**  
and  
**(Local Adult Protective Services)**

For  
Coordination of Services Regarding Investigations of  
Suspected Elder and Dependent Adult Abuse

Effective (Date)

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Name of APS Program Administrator

Name of APS Agency

Address

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Name of LTCO Program Coordinator

Name of LTCOP

Address

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## **Introduction and Purpose**

A group of stakeholders from across California came together to address common jurisdictional issues pertaining to local Adult Protective Services (APS) and local Long-Term Care Ombudsman Programs (LTCOP) with regard to the investigation of reports of suspected abuse and neglect of elders and dependent adults. A statewide survey helped to identify jurisdictional conflicts between APS and LTCOP. The workgroup determined that the amount of regulatory revision needed to align jurisdiction was prohibitive.

The stakeholders agreed that an effective way to address this issue is to develop a Memorandum of Understanding (MOU) between APS and the LTCOP which local entities could use at their discretion. The purpose of this MOU is to provide clarification of each agency's respective role and address jurisdictional issues with the ultimate goal to increase collaboration, address gaps in services and enhance outcomes for elders and dependent adults.

This document will be reviewed annually, on July 1st, by the State Ombudsman and the California Welfare Director's Association, Adult Services Committee. It will also be reviewed, as needed, in response to substantive legislative changes.

## **How to Use this MOU**

The laws and regulations that provide guidance to APS and LTCOP allow for varied interpretations of roles, as they relate to jurisdiction for both agencies. These laws and regulations allow both APS and the LTCOP to take a more inclusive approach to identifying jurisdiction and working together to respond to reports of abuse and neglect. This flexibility provides each county the ability to determine and agree to one way of interpreting regulations for use in their county. There are identified sections in the jurisdictional matrix at the end of this document where the interpretation should remain consistent, and other sections where decisions should be made at the local level. Regulations are cited throughout this document. Once the MOU has been executed, dissemination and training to all levels of staff is critical. The local Ombudsman shall send a copy and any subsequent revisions to the State Ombudsman.

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## Background and Responsibilities of the (Local APS) and the (Local LTCOP)

<b>(Local Adult Protective Services)</b>	<b>(Local Long Term Care Ombudsman Program)</b>
<p>The Elder Abuse and Dependent Adult Civil Protection Act, W&amp;I Code § 15600 et seq., establishes Adult Protective Services (APS) as the agency with the authority to investigate elder and dependent adult abuse in the community. Exceptions to this will be defined in this MOU. Statutory requirements for mandated reporters to report suspected elder abuse that has occurred in the community to APS is defined in W&amp;I Code § 15630.</p> <p>The goal of APS is to provide protective services to elders and dependent adults who are unable to protect their own interests or to care for themselves. APS is to prevent and remedy the abuse, neglect, or exploitation of elders and dependent adults who have been harmed or are at risk of harm. This is achieved by providing intervention activities directed toward safeguarding the well-being of our APS clients and/or linking the elder or dependent adult with appropriate community-based resources.</p> <p>APS is mandated to cross-report to law enforcement reports of known or suspected physical abuse and neglect. With respect to financial abuse, APS shall first determine whether there is a reasonable suspicion of any criminal activity prior to making the cross-report. (W&amp;I Code §15640(a)(i)). In responding to reports of suspected elder or dependent adult abuse and/or neglect, APS is required to:</p> <p>Take the telephone report of abuse and advise the mandated reporter to which office to send the written report:</p> <ol style="list-style-type: none"> <li>1. Cross-report to law enforcement known or suspected instances of criminal activity;</li> <li>2. Conduct an investigation to determine the facts of the case:             <ol style="list-style-type: none"> <li>a. Establish whether the suspected abuse falls within the statutory definition of Abuse of an Elder or a Dependent Adult, (W&amp;I Code §15610.07).</li> <li>b. Gather information regarding the suspected abuse incident from collateral contacts, if possible, and conduct separate face-to-face interviews with the suspected abuser and victim in order to:                 <ul style="list-style-type: none"> <li>• Determine type(s) of abuse</li> <li>• Determine approximate duration/frequency of abuse(s)</li> <li>• Determine the identity of the suspected</li> </ul> </li> </ol> </li> </ol>	<p>The State Long-Term Care Ombudsman Program (LTCOP) is mandated by the federal Older Americans Act, 42 U.S.C. 3058g and by the Mello-Granlund Older Californians Act, Welfare and Institutions (W&amp;I) Code § 9700-9741, to advocate on behalf of residents in long-term care (LTC) facilities. Furthermore, the Elder Abuse and Dependent Adult Civil Protection Act, W&amp;I Code § 15630 et seq., establishes statutory requirements for mandated reporters to report elder abuse to the LTCOP.</p> <p>The mission of the Office of the State Long-Term Care Ombudsman (OSLTCO) is to ensure the dignity, quality of life and care for all residents in LTC facilities primarily serving the elderly by empowering residents and advocating on behalf of those unable to act for themselves.</p> <p>Under State and federal law, the LTCOP is charged with advocating for LTC residents, including:</p> <ol style="list-style-type: none"> <li>1. Provide services to protect the health, safety, welfare, and rights of residents.</li> <li>2. Ensure that residents have regular and timely access to services provided by the LTCOP and receive timely responses from representatives of the LTCOP.</li> <li>3. Maintain an ongoing presence in Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs).</li> <li>4. Represent the resident before governmental entities and seek administrative, legal, and other remedies.</li> <li>5. Identify, investigate, and resolve complaints that are made by, or on behalf of, LTC residents that relate to action, inaction or decisions, that may adversely affect the health, safety, welfare, or rights of the residents.</li> <li>6. Receive and investigate reports of suspected abuse alleged to have occurred in LTC facilities.</li> </ol> <p>Under W&amp;I Code § 15650(a), investigation of reports of known or suspected instances of abuse in LTC facilities shall be the responsibility of the Bureau of Medi-Cal Fraud and Elder Abuse, the local law enforcement agency, and the LTCOP.</p> <p>Under W&amp;I Code § 15650(f) each local LTCOP shall maintain an inventory of public and private agencies available to assist LTC residents who are victims of abuse.</p>

abuser(s)

- Evaluate whether abuse is likely to continue without agency intervention
- Take photographs of the abuse/neglect and obtain victim's written consent for release of medical, health, legal and financial records pertinent to the documentation of the abuse
- Share information regarding the abuse incident with law enforcement

3. Assess the ability and willingness of both the victim and abuser to participate in a plan to prevent further abuse; and to determine:

- Appropriate intervention to protect victim
- If the victim is willing to accept services to remedy or prevent abuse and to have APS proceed with the investigation
- If the victim is unwilling to accept services, as APS cannot impose the services

4. Link the victim, abuser and other concerned parties with community resources, as needed.

When APS receives a report of abuse alleged to have occurred in a long-term care facility, APS shall refer the reporter to the LTCOP. However, if APS believes that the reporting party will not follow through with the referral, APS may accept the report and refer it to the LTCOP (APS Manual of Policies and Procedures 33-405).

This inventory is used to refer cases of abuse in the event that another agency has jurisdiction, the abuse is verified and further investigation is needed by law enforcement or a licensing agency, or the program does not have sufficient resources to provide immediate assistance.

The intent of this section is to acknowledge that the LTCOP responsibility in abuse cases is to receive reports, determine the validity of reports, refer verified abuse cases to appropriate agencies for further action as necessary, and follow up to complete required report information. Other LTCOP services shall be provided to the resident, as appropriate.

## Abuse Reporting

<b>(Local Adult Protective Services)</b>	<b>(Local Long Term Care Ombudsman Program)</b>
<p>APS will:</p> <ul style="list-style-type: none"> <li>• Immediately, or as soon as practicably possible, report by telephone to the LTCOP when abuse is alleged to have occurred in a LTC facility (W&amp;I Code § 15630).</li> <li>• Send a written copy of the abuse report within two working days.</li> <li>• Give priority to "urgent" complaints referred by the LTCOP on a SOC 341 and/or CDA 223.</li> </ul> <p>Reports received by APS outside of normal business hours that are within LTCOP jurisdiction shall be reported to the LTCOP by contacting the LTCOP CRISISline within <b>&lt;County to insert time line&gt;</b>. Immediate response referrals received after normal business hours will be called to the State LTCOP CRISISline (1-800-231-4024) as soon as possible.</p> <p>If APS or LTCOP receive cases that are outside of their jurisdiction, they will provide all information related to that referral to the other agency. (Note: LTCOP consent and confidentiality requirements do not extend to individuals that are not current or former long-term care facility residents).</p> <p>If the reporting party is making a report which includes issues that likely would involve APS and the LTCOP, the reporting party shall be encouraged to make reports to both entities.</p>	<p>LTCOP will:</p> <ul style="list-style-type: none"> <li>• Request and obtain consent of the victim or legal representative to reveal his/her identity prior to sending a report to APS.</li> <li>• Submit a "Report of Suspected Dependent Adult/ Elder Abuse" form (SOC 341) and/or a "Complaint from the Long-Term Care Ombudsman" form (CDA 223) to APS within <b>&lt;insert agreed-upon timeframe&gt;</b>.</li> </ul> <p>When the LTCOP does not have consent to release their identities, the LTCOP may only cross-report to APS if all identifying information is redacted (e.g., resident name, ethnicity, room number, etc.).</p> <ul style="list-style-type: none"> <li>• The LTCOP shall release to APS all reports of known or suspected criminal activity or "urgent" matters as described in this MOU, including redacted reports. Upon preliminary verification of an "urgent" complaint, the LTCOP will immediately fax information (redacted if consent is lacking) to APS.</li> </ul> <p>Reports received by LTCOP outside of normal business hours that are within APS jurisdiction shall be reported to APS by contacting the APS hotline within <b>&lt;Program to insert timeline&gt;</b>. Immediate referrals will be called to APS hotline as soon as possible.</p> <p>If APS or the LTCOP receive cases that are outside of their jurisdiction, they will provide all information related to that referral to the other agency. (Note: LTCOP consent and confidentiality requirements do not extend to individuals that are not current or former long-term care facility residents).</p> <p>If the reporting party is making a report which includes issues that likely would involve APS and the LTCOP, the reporting party shall be encouraged to make reports to both entities.</p>

## Confidentiality

<b>(Local Adult Protective Services)</b>	<b>(Local Long Term Care Ombudsman Program)</b>
<p>APS records and reports of suspected elder or dependent adult abuse and information contained therein are considered strictly confidential and may only be disclosed to certain persons or agencies as stipulated by California W&amp;I Code, § 15633.5. Per this statute, information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an APS agency, a local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau (Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse), or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse.</p> <p>The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency: an APS agency, a LTCOP, a licensing agency, and others as permitted by statute (W&amp;I Code § 15633.5(b)).</p> <p>The identity of a person who reports may also be disclosed to the district attorney in a criminal prosecution, when a person reporting waives confidentiality, or by court order.</p> <p>Pursuant to statute (W&amp;I Code, § 15633.5), APS and the LTCOP agree to maintain confidentiality of all records shared/disclosed as part of the MOU. As such, all APS and LTCOP staff is under an equal obligation to treat as confidential any information they may acquire, by any means, about any recipient of APS or LTCOP services. Information obtained via this agreement is solely for the purpose of providing services and assistance.</p>	<p>The files and records of the LTCOP may be disclosed only at the discretion of the State Ombudsman (or the person designated by the State Ombudsman to disclose the files and records). However, the State Ombudsman or designee does not have the discretion to disclose the identity of any complainant or resident. State and federal law prohibits the disclosure of the identity of any complainant or resident with respect to whom the LTCOP maintains such files or records unless:</p> <ol style="list-style-type: none"> <li>1. the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;</li> <li>2. the complainant or resident gives consent orally and the consent is documented contemporaneously in a writing made by a representative of the Office that is witnessed by the representative and a third-party witness; or</li> <li>3. disclosure is required by court order.</li> </ol> <p>The LTCOP will request consent of the resident or legal representative to reveal his/her identity prior to sending a report to APS. The LTCOP will cross report suspected abuse complaints (which have occurred outside of a LTC facility (e.g., abuse during a home visit, financial abuse occurring at a financial institution) to APS when the LTCOP has written or oral consent of the resident or the resident’s legal representative, or a court order. The LTCOP will submit a “Report of Suspected Dependent Adult/Elder Abuse” form (SOC 341) and/or a “Complaint from the Long-Term Care Ombudsman” form (CDA 223) to APS.</p> <p>When the LTCOP does not have consent from all parties to release their identities, the LTCOP may only cross-report to APS, if identifying information is redacted (e.g., resident name, ethnicity, room number, etc.). The LTCOP shall release to APS agency reports of known or suspected abuse as described in this MOU, including redacted reports.</p>

## Joint Responsibilities of the (Local APS) and the (Local LTCOP)

The following responsibilities confirm the agreement between the LTCOP and APS for coordination of services and to share information between such agencies while adhering to consent and confidentiality requirements.

### The (insert name of local LTCOP) and the (insert name of local APS) mutually agree to:

1. Maintain communication by convening pre-scheduled meetings between the LTCOP and APS (*insert reasonable frequency*).
2. Assign staff from APS and the LTCOP to serve as liaisons to respond to requests for policy or program interpretations, program operations information, and training information.
3. APS and the LTCOP will inform each other of any relevant changes pertaining to laws, regulations, policies, and procedures regarding the reporting and investigation of suspected abuse, as well as any relevant changes in APS and LTCOP operations including local program staffing. This information will be sent directly to APS and LTCOP liaisons.
4. If APS or the LTCOP have complaints, or are dissatisfied with the response to a complaint or inquiry, they will contact the designated liaison (or other designated person) to discuss and handle such matters as necessary.
5. For cases that require APS and LTCOP coordination, including a joint response, the designated liaison (or other designated person) will be the first point of contact.
6. If APS or LTCOP receive reports that are outside of their jurisdiction they will provide all information related to that referral without redaction to the other agency.
7. Exchange information regarding training opportunities. When the LTCOP conducts training sessions, APS personnel should be invited to attend. If appropriate, APS personnel should be invited to participate as trainers. Conversely, when APS conducts a relevant training session, LTCOP personnel should be invited to attend. If appropriate, LTCOP personnel should be invited to participate as trainers.
8. If a situation arises that this MOU does not sufficiently address, and further examination of jurisdiction is required, the first point of contact will be each agency's respective liaison. If the liaison does not have the authority to make a determination on such a matter, s/he will seek consultation utilizing current policies and procedures and render an answer to the other agency liaison.
9. This MOU is an agreement to work cooperatively and is subject to modification and amendment upon the request of either party and with mutual consent.
10. Either party to this MOU may modify or terminate the MOU upon written notice provided at least 30 days in advance to the other party.

## Mutual Cooperation

The following responsibilities confirm the agreement between (local LTCOP) and (local APS) to provide mutual support and cooperation.

**The (insert name of local LTCOP) and the (insert name of local APS) mutually agree that:**

1. APS may refer to LTCOP complaints relating to abuse and neglect or any complaint that a resident may have regarding health, safety, welfare and rights.
2. APS may contact the LTCOP to obtain facility referrals including referrals for emergency placement or sheltering programs.
3. The LTCOP may contact APS to help with placement when a facility is closed.
4. In the event of a disaster, APS and the LTCOP shall coordinate efforts to find emergency placements. The agency with case jurisdiction will be the lead. The LTCOP can be contacted for referrals for such placements and for information about facilities affected by a natural or manmade disaster.
5. If a client is threatening to leave a facility against medical advice (AMA), a referral to the LTCOP can be made. If a client is leaving a facility AMA and there is a concern for the client's safety, the LTCOP will recommend that the facility make a referral to APS after the client leaves the facility.
6. If a client is being illegally transferred or discharged out of a facility or not allowed to return to a facility from a hospital, the LTCOP can assist in advocating for that client's right to remain at the facility or return to the facility. A referral to the LTCOP would be appropriate in this instance.
7. APS & LTCOP located in counties which frequently have clients hospitalized or placed in/from neighboring counties are encouraged to cooperate with sister entities in neighboring counties. It is recommended that they establish jurisdictional protocols to investigate abuse allegations and ensure clients are served and protected regardless of where the abuse occurred.

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## Jurisdictional Matrix

### How to use the Jurisdictional Matrix

The jurisdictional matrix is designed to allow APS and the LTCOP, at the county level, to determine jurisdiction and then customize the MOU. An extensive number of scenarios are provided which include the following areas: the type of abuse, where the client lives, who the suspected abuser is, where the abuse occurred, and the type of abuse. Counties can customize this MOU by selecting (indicating with a check mark) the type of abuse and which agency has jurisdiction for each of the proposed combinations of scenarios. The workgroup has recommended **best practice selections in bold type**; however, counties may elect to make their own selections. The following references were used in developing the jurisdictional matrix:

- Coordination between Long-Term Care Ombudsman and Adult Protective Services Programs and Related Issues: Report on a Meeting Sponsored by Administration on Aging, October 1993
- State Ombudsman Procedure Clarification Letters for Local Long-Term Care Ombudsman Programs
- California Health & Safety Code (cited throughout this document)
- California Welfare & Institutions Code (cited throughout this document)
- California Manual of Policy and Procedures for Adult Protective Services (<http://www.dss.cahwnet.gov/ord/PG313.htm>)
- Mello-Granlund Older Californians Act
- Federal Older Americans Act, 42 U.S.C. 3058g

### Long-Term Care Facility Types

For the purposes of investigation of suspected elder and dependent adult abuse, Long-Term Care Facility types are defined in Welfare and Institutions Code section 15610.47, which refers to Health and Safety Code sections 1418(a) and 1502(a)(1),(2).

These facilities include:

- Skilled nursing facilities (SNF), distinct parts of acute hospitals that are licensed as SNFs (aka sub-acute, transitional care units) intermediate care facilities, intermediate care facilities for the developmentally disabled (including habilitative and nursing), nursing facilities congregate living health facilities, residential care facilities for the elderly (aka: assisted living, board and care), adult residential facilities, adult day health care, adult day care, continuing care retirement communities (CCRC)\* and unlicensed community care facilities.
- Health and Safety Code section 1569.44 defines an unlicensed community care facility as a location that is not exempt from licensure and where any of the following exist: the facility is providing elements of care and supervision, the facility represents itself as providing care and supervision, the facility represents itself as a licensed facility, or the facility accepts or retains clients who require care and supervision.

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\* Even residents living within an independent living section of a CCRC are considered residents of a LTC facility.

<b>When the client is:</b>	<b>And the suspected abuser is:</b>	<b>And the abuse occurs:</b>	<b>And the abuse type is:</b>	<b>The agency to respond will be:</b>
In a LTC facility	Resident or Staff (includes contracted staff)	Within the facility or Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input checked="" type="checkbox"/> <b>Ombudsman</b>
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> <b>Ombudsman</b> <input type="checkbox"/> APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	<input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> <b>Ombudsman</b> <input type="checkbox"/> APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	N/A	<input type="checkbox"/> Financial <u><i>Non-payment of facility bill</i></u>	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In a LTC facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> <b>APS</b>
In a Continuing Care Retirement Community (CCRC), resident living in the independent side of the facility	Staff (includes contracted staff)	Within the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> <b>Ombudsman*</b> <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In a CCRC, resident living in the independent side of the facility	Resident	Within the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> <b>Ombudsman</b> <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS

\* Ombudsman has jurisdiction as the building is licensed under the RCFE or SNF

<b>When the client is:</b>	<b>And the suspected abuser is:</b>	<b>And the abuse occurs:</b>	<b>And the abuse type is:</b>	<b>The agency to respond will be:</b>
In a CCRC, resident living in the independent side of the facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In a CCRC, resident living in the independent side of the facility	Staff (includes contracted staff)	Outside the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In a CCRC, resident living in the independent side of the facility	Resident	Outside the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In a CCRC, resident living in the independent side of the facility	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the CCRC	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
Living in a Non-licensed Community Care Facility (facility should be licensed)	Staff (includes contracted staff) or Resident	Within the facility or Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
Living in a Non-licensed Community Care Facility (facility should be licensed)	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
A licensed Adult Day program	Resident or Staff (includes contracted staff)	Within the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other_____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS

<b>When the client is:</b>	<b>And the suspected abuser is:</b>	<b>And the abuse occurs:</b>	<b>And the abuse type is:</b>	<b>The agency to respond will be:</b>
A licensed Adult Day program	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
A licensed Adult Day program	Resident or Staff (includes contracted staff)	Outside the facility (for example, on a field trip)	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
A licensed Adult Day program	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility (for example, on a field trip)	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
In an Acute Care Hospital or Psych Hospital	Staff, other patients or non staff (including family/friends, legal and financial professionals, visitors)	Within the hospital or within the community (e. g. individual was neglected at home resulting in hospitalization. Must have been an elder or dependent adult at the time of the abuse)	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input checked="" type="checkbox"/> APS
In an Acute Care Hospital or Psych Hospital	An employee of a licensed facility	In a long term care facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Staff (includes contracted staff) or Resident	Within the facility or Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS

When the client is:	And the suspected abuser is:	And the abuse occurs:	And the abuse type is:	The agency to respond will be:
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Non-staff (including family/friends, legal and financial professionals, visitors)	Within the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
Facilities exempt from licensure (e.g. Independent Living Facilities, Sober Living Houses that are not providing care and supervision, etc)	Non-staff (including family/friends, legal and financial professionals, visitors)	Outside the facility	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Financial Other _____	<input type="checkbox"/> Ombudsman <input type="checkbox"/> APS <input type="checkbox"/> Both <b>Lead will be:</b> <input type="checkbox"/> Ombudsman <input type="checkbox"/> APS
Prisons and jails				Neither program has jurisdiction (for prisons, refer to California Dept of Corrections and Rehabilitation; for jail, refer back to local law enforcement)
State Hospitals and Developmental Centers				Neither program has jurisdiction (report may be made to the designated investigator at the Department of State Hospitals or Developmental Center or local law enforcement)

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***ATTACHMENT 1***

**(Local Adult Protective Services)  
Contact List**

- A. The contact person for (local APS) for policy issues and general liaison responsibilities shall be:  
(enter name, address, contact information)
  
- B. The back-up liaison if/when (named person A) is not available for the local APS agency shall be:  
(enter name, address, contact information)

***ATTACHMENT 2***

**(Local LTCOP)  
Contact List**

- A. The contact person for the local LTCOP for policy issues, training, legislation and general liaison responsibilities shall be:

(enter name, address, contact information)

- B. The back-up liaison if/when (named person A) is not available for the local LTCOP shall be:

(enter name, address, contact information)

**ATTACHMENT 3****Optional Language**

- H. GOVERNING LAW. This MOU shall be governed by, interpreted under and construed and enforced with the laws of the state of California.
- I. AMENDMENT. No variation, modification, change or amendment of this MOU shall be binding on either party unless such variation, modification, change or amendment is in writing and duly authorized and executed on behalf of the District, its governing board or its authorized designee. This MOU shall not be amended or modified by oral agreements or understanding between the parties or by any acts or conduct of the parties.
- J. ENTIRETY. This MOU constitutes the entire agreement between the parties with respect to the subject matter of this MOU and supersedes all prior and contemporaneous agreements and understandings.
- K. NO THIRD PARTY BENEFICIARY/SUCCESSORS AND ASSIGNS. This MOU is made and entered into for the cooperation of the parties in providing services. No other person or entity may assert rights based upon any provision of this MOU.
- L. SEVERABILITY. If any provision of this MOU shall be determined to be invalid, illegal or unenforceable to any extent, the remainder of this MOU shall not be affected and this MOU shall be construed as if the invalid, illegal or unenforceable provision had never been contained in this MOU.
- M. INTERPRETATION. Both parties have been represented by counsel in the preparation and negotiation of this MOU. Accordingly, this MOU shall be construed according to its fair language and any ambiguities shall not be resolved against the drafting party.
- This MOU was drafted with the purpose of filling gaps in services provided to elder and dependent adults. If there is change in the statutory and regulatory scheme of the APS and/or LTCOP programs, the changes are binding on the parties.
- N. TERMINATION. Either party may terminate this MOU upon a written 30-day notice.
- O. NOTICES. For purposes of this MOU, notices shall be sent as follows:

To: [INSERT NOTICE CONTACTS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the date shown:

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# MEMORANDUM OF UNDERSTANDING

Between the  
**(Local Public Guardian Program)**  
and  
**(Local Adult Protective Services)**

For

Coordination of Services Regarding Investigations of  
Suspected Elder and Dependent Adult Abuse

Effective (Date)

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Name of APS Program Administrator

Name of APS Agency

Address

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Name of PG Program Coordinator

Name of Public Guardian

Address

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## Introduction and Purpose

A group of stakeholders from across California came together to address common issues pertaining to local Adult Protective Services (APS) and local Public Guardian (PG) programs with regard to the investigation and disposition of reports of suspected abuse and neglect of elders and dependent adults.

Relationships between the Public Guardian and Adult Protective Services vary greatly between jurisdictions. In fact, no two counties in California manage their Public Guardian and Adult Protective Services programs the same. The purpose of this MOU is to give an option to help provide clarification of each agency's respective role and address jurisdictional and dispositional issues with the ultimate goal to increase communication and collaboration, address gaps in services, and enhance outcomes for elders and dependent adults.

Nothing in the APS Manual of Policy and Procedures or in the California Probate Code or California Rules of Court precludes cooperation between APS and PG. In fact, as one of the entities entitled to confidential APS information under W & I Code 15633.5, the California legislature clearly intended that the Public Guardian work closely with APS to protect elder and dependent adult abuse victims. Persons needing the extreme remedy of a public conservatorship are best served by early identification and referral to PG by APS. Because the PG has the unique authority under Probate Code 2900 to seize or freeze assets that are subject to loss, injury, waste, or misappropriation, is a neutral public entity subject to County audit controls as well as Superior Court, and is usually less costly than a private fiduciary, it is essential that APS workers be trained to properly identify individuals who both need this level of protection and for whom a conservatorship will be the least restrictive alternative.

The goal of this MOU is to maximize effectiveness of APS referrals to PG by providing a clear statement of each program's criteria and expectations for inter-program communication. Chronic understaffing of California APS and PG programs necessitates that APS and PG workers not devote time and effort pursuing conservatorship for cases that do not meet the standard of proof required for the court OR in which there is no imminent threat to person or estate.

This document will be reviewed as needed, in response to substantive legislative changes.

## How to Use this MOU

The laws and regulations that provide guidance to APS and PG allow for varied interpretations of roles, as they relate to jurisdiction and disposition for both agencies. These laws and regulations allow both APS and the PG to take a more inclusive approach to identifying issues and working together to respond to and dispose of reports of abuse and neglect. However, it is recognized that Public Guardian staffing limitations can affect a County's ability to accept referrals and petition for conservatorship on cases that the PG is not mandated to serve under Probate Code § 2920.

This MOU was designed as a menu: to give the APS and PG parties involved a host of options. Participants are encouraged, at a local level, to choose the options which best suit their needs/interests, to alter the given language in favor of more jurisdictionally appropriate terms, and/or to delete or amend whole sections of the document. This MOU was not meant as a final word on PG/APS interaction, rather, it was designed as a jumping-off point to initiate conversation and to improve collaboration and communication.

Regulations are cited throughout this document. Once the MOU has been executed, dissemination and training to all levels of staff is critical.

## Mutual Cooperation

The following general responsibilities confirm the agreement between (local PG) and (local APS) to provide mutual support and cooperation.

The (insert name of local PG) and the (insert name of local APS) mutually agree that:

- 1) APS will determine whether the threshold burden of proof to warrant a conservatorship can be met by obtaining medical verification of a persistent and chronic cognitive deficit in at least one of four major functions required by the court to establish a conservatorship:
  - Alertness & attention (orientation to time, person, place, situation)
  - Information processing (short & long-term memory)
  - Thought processes (hallucinations, delusions, disorganized thinking)
  - Ability to modulate mood and affect (euphoria, anxiety, anger, etc.)
- 2) APS will further obtain evidence that deficit/s listed above are causing the client to be unable to resist undue influence or fraud, or is substantially unable to handle financial affairs AND/OR cannot properly take care of her/his personal needs for physical health, food, clothing, or shelter.
- 3) APS will rule out suitable less restrictive alternatives to public conservatorship by documenting in the case record a search via interview of client and all known contacts, including client's attorney regarding existing trust or durable power of attorney for health care and/or finances. If either is found, case record must document interview of successor trustee or agent under DPOA to determine availability and suitability to take over management of client's health care and/or finances. Case record must also document interview with the alleged perpetrator that, along with other evidence can be used to verify or rule out accusations of abuse or neglect.
- 4) APS will gather as much information as possible regarding the client's income and assets and all known family members when completing the Public Guardian referral leaving no blank spaces. If information is unknown, then unknown will be documented in that section.
- 5) APS will conduct a joint home visit if the request is made from the PG to facilitate the referral process and to introduce the client.
- 6) APS will update the PG with any changes to the client's situation as well as any additional abuse reports received.
- 7) PG may be available for consultation in advance of formal referral, to render an opinion, based on information provided, whether situation appears to warrant conservatorship.
- 8) PG will acknowledge the receipt of the conservatorship referral within a mutually agreed upon time frame.

- 9) PG will provide pertinent updates to APS regarding client's situation that may impact the APS investigation as well as the outcome of the conservatorship process.
- 10) PG will make a reasonable attempt to regularly attend the APS multidisciplinary team meeting to assist with collaboration and communication as requested by APS.

## Specific Commitment and Reporting Section

Adult Protective Services will generate a referral to the County Public Guardian as soon as capacity issues are identified AND the following criteria are met:

- 1) No jurisdictional conflicts exist (e.g. a Regional Center client who may be better served through that Conservatorship process).

AND

- 2a) The individual is determined to be in an unsafe living situation due to a confirmed finding of self-neglect as a result of medically documented mental deficits listed in #1, under "Mutual Cooperation";

OR

- 2b) The individual is unable to protect her/himself from abuse or neglect by others as a result of medically documented deficits listed in #1, "Mutual Cooperation."

AND

- 3a) A search has been conducted to find family, friends willing to file for conservatorship or a successor trustee, or an agent under durable power of attorney willing and appropriate to take appropriate actions to protect the individual in question, and none were found;

OR

- 3b) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question, but who have refused to intervene on their behalf;

OR

- 3c) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question and APS has determined through vetting that the family or friends are inappropriate/not-capable of protecting the individual in question;

OR

- 3d) A search has yielded family, friends, a successor trustee, or an agent under durable power of attorney capable of protecting the individual in question, but follow-up (either during the current investigation or subsequent investigations) has found a substantial lack of follow-through and/or an unwillingness to proceed with conservatorship, exercise of duties as a successor trustee or agent under durable power of attorney or a protection plan.

For the purposes of this MOU, an appropriate “search” is defined as: \_\_\_\_\_

Examples include: a) Thorough – all attempts to locate family/friends, successor trustee, agent under DPOA have been made by APS, b) Reasonable – attempts to locate family/friends, successor trustee, agent under DPOA have been made and the PG will complete the search/investigate leads, c) Cursory – the PG is responsible for most search functions, and APS is only required to disclose initial names/leads.

AND

- 4) A suitable capacity declaration has been completed by a physician, psychologist, or religious healing practitioner who has determined that the individual in question has mental deficits in at least one of four major areas described in #1, “Mutual Cooperation.”

For the purposes of this MOU, a “suitable capacity declaration” is defined as: \_\_\_\_\_

Examples include: a) APS is responsible for obtaining the Capacity Declaration as a critical step in determining whether the client’s mental status meets the standard of proof for conservatorship, b) A GC-335 form, filled-out by the client’s primary care physician is acceptable, c) A thorough evaluation completed by an individual who specializes in geriatrics.

- 5) If requested, participate in regular case staffing with the PG’s Office regarding the status of referred cases.
- 6) Furnish information sought by the Public Guardian's Office as requested to proceed with the referral. This may include providing an update to the PG investigator within a mutually agreed upon time after each face to face visit and after any substantial client contact, for example, the advent of a new family member or a change in the health status of the individual.

For the purposes of this MOU, the furnishing of information by APS shall be handled in the following way(s): \_\_\_\_\_

Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

- 7) Continue to case manage, through APS or through an outside case management agency, the individual in question until PG is appointed or a determination is made by the PG’s Office to not file a petition for conservatorship.

For the purposes of this MOU, “case manage” is defined as: \_\_\_\_\_

Examples include: a) Face to face visits between the client and a Social Worker at least once every thirty days, b) Regular telephonic contact between the client and the Social Worker, as well as appropriate follow-up for needed items, c) The Social Worker is responsible for returning any phone calls related to the matter and/or furnishing any needed documents.

The Public Guardian will respond to the referral generated by Adult Protective Services in the following ways:

- 1) Acknowledge the referral from APS within a mutually agreed upon time of receipt.

For the purposes of this MOU, receipt of the referral by the PG shall be handled in the following way: \_\_\_\_\_ . Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

- 2) The PG will investigate and make a determination within a mutually agreed upon time whether they are going to move forward with petitioning for conservatorship.

For the purposes of this MOU, determination by the PG shall be handled in the following way: \_\_\_\_\_ . Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

- 3) Provide an update as to the status of all pending APS referrals as requested by APS.

For the purposes of this MOU, updates from the PG shall be handled in the following way: \_\_\_\_\_ . Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

- 4) Notify APS as soon as practically possible when a determination has been made regarding negative disposition of the referral (for example, if the petition for conservatorship is not granted;

AND/OR

After any significant developments (for example, a rejection of the capacity declaration);

AND/OR

The referral doesn't meet PG referral criteria.

For the purposes of this MOU, proper notification from the PG shall be handled in the following way: \_\_\_\_\_ . Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

- 5) Notify APS as soon as practically possible when a determination has been made regarding positive disposition of the referral (for example, if the Judge grants conservatorship or grants conservatorship with restrictions).

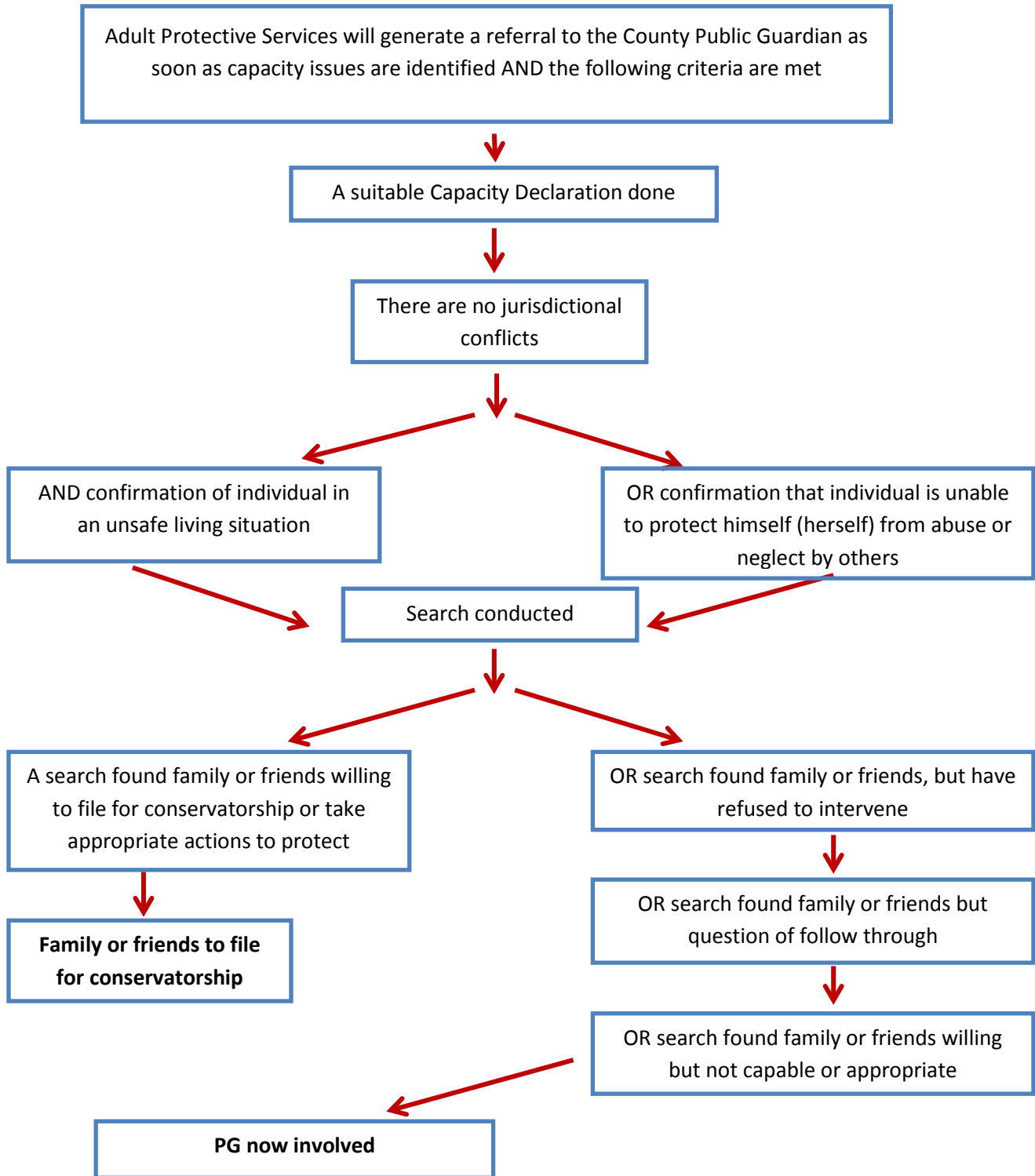
For the purposes of this MOU, proper notification from the PG shall be handled in the following way: \_\_\_\_\_ . Examples include: a) Verbally and in writing, b) Verbally only, c) In writing only.

Adult Protective Services AND the Public Guardian will communicate regarding joint cases in the following way(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Examples include: a) A face to face staffing on the first Tuesday of each month, b) A bi-weekly conference call on the second and fourth Thursdays at 3:00 PM, c) A written update, produced by the PG, regarding the status of each client to be distributed to APS management by the second Wednesday of each month, d) A joint log kept on the County server updated by both APS and the PG by the third Monday of each month.

### APS & PG MOU Reporting Flow Chart



## **APS & PG Referral Form**

When Adult Protective Services is alerted to an abuse or neglect issue and determines that the client may require the services of the Guardian's office, the Social Worker is encouraged to fill-out a standardized PG referral form that has been approved and adopted by that county.

Essential elements of this referral form are:

- Client Identification Information
- Nature of Referral to APS
- Presenting Problems
- Justification for a Probate Conservatorship
- History of APS Referrals
- Client Environment
- Client supports & Family/Friends including contact information
- Client's Physical and Mental Health including diagnosis
- Screening Tools Administered and Score(s)
- Other Agencies Involved
- Corroborating Information
- Desired Outcome
- History of Referrals to APS and/or the PG
- Medications
- Capacity Declaration (if a County requirement)

Jurisdictions are welcome to add or subtract to this list, or to leave any current referral forms intact, as they see fit. After completion the APS Social Worker reviews it with their supervisor for approval, and then forwards to the Public Guardian.

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## APS & PG Multi-Disciplinary Team Meeting

If this jurisdiction provides for a joint Multi-Disciplinary Team Meeting (see Reporting section re: communication between agencies), the above form provides an excellent catalyst for referral and discussion. For the purposes of this MOU the recommendation is for the MDT to meet on a monthly basis and that all persons involved in the MDT are specialized at serving this population, for example:

- PG Investigators and Staff
- APS Social Workers, Supervisors, Managers and Directors
- Geriatricians
- County Counsel
- Mental Health
- Court Advocates
- Regional Center Staff
- Probate Court Investigators
- Long-Term Care Ombudsman
- Other Professionals Involved in Specific Cases (Hospital Social Workers, Visiting Nurses, Etc.)
- County Counsel representing the Public Guardian

The Social Worker presents the information on the form to the MDT group and a discussion is held. Problem solving ideas are presented, and if it is decided that conservatorship might be an option, the Social Worker is asked to submit a referral packet that includes the Capacity Declaration or some other documentation or evidence that supports client's incapacity (whichever is required by the particular County) and a copy of the APS case records to the Public Guardian's office for investigation. If conservatorship is deemed not appropriate the case is referred back to APS for disposition.

If moving forward with an assessment, if appropriate, it is recommended that the PG and APS conduct a joint face-to-face interview with the client. Until conservatorship is granted or denied, the cases may be discussed at the monthly MDT for status/updates. If at any time (either due to circumstances or because of Court action) conservatorship is deemed not appropriate the case is referred back to APS for disposition.

Some general notes:

- This MDT may fold into an Elder Abuse and Neglect MDT already in effect in a respective jurisdiction. Non-county employees should be asked to sign a confidentiality agreement. Any written material distributed during the meeting must be collected at the end of the meeting.
- This Memorandum of Understanding does not indicate a preference for an in-person meeting, a teleconference, a shared file, or for a combination; regular communication and the exchange of information between APS and the PG is the important thing.

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## Statutes

### PROBATE CODE

#### DIVISION 4. GUARDIANSHIP, CONSERVATORSHIP, AND OTHER PROTECTIVE PROCEEDINGS

##### Part 5 Public Guardian

#### Chapter 3. APPOINTMENT OF PUBLIC GUARDIAN § 2920. APPLICATION FOR APPOINTMENT; COURT ORDER; NOTICE AND HEARING:

(a) If any person domiciled in the county requires a guardian or conservator and there is no one else who is qualified and willing to act and whose appointment as guardian or conservator would be in the best interests of the person, then either of the following shall apply:

(1) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if there is an imminent threat to the person's health or safety or the person's estate.

(2) The public guardian may apply for appointment as guardian or conservator of the person, the estate, or the person and estate in all other cases.

(b) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if the court so orders. The court may make an order under this subdivision on motion of an interested person or on the court's own motion in a pending proceeding or in a proceeding commenced for that purpose. The court shall order the public guardian to apply for appointment as guardian or conservator of the person, the estate, or the person and estate, on behalf of any person domiciled in the county who appears to require a guardian or conservator, if it appears that there is no one else who is qualified and willing to act, and if that appointment as guardian or conservator appears to be in the best interests of the person. However, if prior to the filing of the petition for appointment it is discovered that there is someone else who is qualified and willing to act as guardian or conservator, the public guardian shall be relieved of the duty under the order. The court shall not make an order under this subdivision except after notice to the public guardian for the period and in the manner provided for in Chapter 3 (commencing with Section 1460) of Part 1, consideration of the alternatives, and a determination by the court that the appointment is necessary. The notice and hearing under this subdivision may be combined with the notice and hearing required for appointment of a guardian or conservator.

(c) The public guardian shall begin an investigation within two business days of receiving a referral for conservatorship or guardianship.

### CREDIT(S)

(Stats.1990, c. 79 (A.B.759), § 14, operative July 1, 1991. Amended by Stats.2006, c. 493 (A.B.1363), § 32.)

## LAW REVISION COMMISSION COMMENTS

### 1990 Enactment

Section 2920 continues Section 2920 of the repealed Probate Code without change. For general provisions, see Sections 1000-1004 (rules of practice), 1020-1023 (petitions and other papers), 1040-1050 (hearings and orders), 2103 (effect of final order). For general provisions relating to notice of hearing, see Sections 1200-1221, 1460-1469. See also Sections 1260-1265 (proof of giving notice).

Section 2920 applies even though a person may be institutionalized in a facility in another county if the person is domiciled in the county of the public guardian. Even though there may be other persons qualified and willing to act, their appointment may not be in the best interest of the ward or conservatee. This could occur, for example, where a neutral party is needed because of family disputes. In such a situation, a public guardian is not liable for failure to take possession or control of property that is beyond the public guardian's ability to possess or control. See Section 2944 (immunity of public guardian).

The court may order appointment of the public guardian only after notice to the public guardian and a determination that the appointment is necessary. The determination of necessity may require the court to ascertain whether there is any other alternative to public guardianship, and whether the public guardianship is simply being sought as a convenience or as a strategic litigation device by the parties involved. Alternative means of resolving the situation, besides appointment of the public guardian, could include such options as use of a private guardian or appointment of a guardian ad litem, in an appropriate case.

Subdivision (b) permits the special notice to the public guardian and hearing under this subdivision to be combined with a general notice and hearing for appointment of a guardian or conservator, in the interest of procedural efficiency.

### Background on Section 2920 of Repealed Code

Section 2920 was added by 1988 Cal.Stat. ch. 1199 § 72. The section superseded the first, second, and a portion of the third sentences of former Welfare and Institutions Code Section 8006. For background on the provisions of this part, see the Comment to this part under the part heading. [20 Cal.L.Rev.Comm.Reports 1001 (1990)].

## **Confidentiality**

### ***Public Guardian (PG)***

The Public Guardian (PG) agrees to maintain the confidentiality of Adult Protective Services (APS) records as required by California Welfare and Institutions Code, Section 10850, 15633 and 15633.5, as well as the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

PG may share confidential information with APS only as necessary and appropriate for the purpose of treatment, including coordination of care/case management. The parties, and their respective directors, officers, employees and agents shall hold such confidential information in strict confidence and shall not disclose the same unless permitted or required by law. The following sections of the Welfare and Institutions Code reference confidentiality of APS materials: Section 10850 states that "all applications and records concerning any individual made or kept by any public officer or agency... shall be confidential." Section 15633.5 states that all reports made by both mandated and non-mandated reporters are confidential and any information contained in such reports may be disclosed only to certain individuals and agencies, and under clearly defined circumstances. Section 15633 (b) (2) (A) permits the disclosure of elder and dependent adult abuse information to members of multidisciplinary personnel teams (MDT). MDT is defined under WIC 15610.55.

WIC 15754 stipulates that MDTs may disclose information as follows. (a) Notwithstanding any provision of law governing the disclosure of information and records, persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records which are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons. (b) Except as provided in subdivision (a), any personnel of the multidisciplinary team that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures that maximum protection of privacy and confidentiality rights. In regards to APS records consult with County Counsel.

### ***Adult Protective Services (APS)***

APS records and reports of suspected elder or dependent adult abuse and information contained therein are considered strictly confidential and may only be disclosed to certain persons or agencies as stipulated by California W&I Code, 15633.5. Per this statute, information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an APS agency, local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau (Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse), or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse.

The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency: and APS agency, PG, a Long Term Care Ombudsman Program, a licensing agency, and other as permitted by statute (W&I Code 15633.5(b)).

The identity of a person who reports may also be disclosed to the district attorney in a criminal prosecution, when a person reporting waives confidentiality, or by court order.

Pursuant to statute (W&I Code, 15633.5), APS and the PG agree to maintain confidentiality of all records shared/disclosed as part of the MOU. As such, all APS and PG staff are under an equal obligation to treat as confidential any information they may acquire, by any means, about any recipient of APS or PG services. Information obtained via this agreement is solely for the purpose of providing service and assistance.

## Local Contacts

(Local APS)

- A. The contact person for (local APS) for policy issues and general liaison responsibilities shall be:  
(enter name, address, contact information)
  
- B. The back-up liaison if/when (named person A) is not available for the local APS agency shall be:  
(enter name, address, contact information)

(Local PG)

- A. The contact person for the local PG for policy issues, training, legislation and general liaison responsibilities shall be:  
(enter name, address, contact information)
  
- B. The back-up liaison if/when (named person A) is not available for the local PG shall be:  
(enter name, address, contact information)

Optional Language

- A. GOVERNING LAW. This MOU shall be governed by, interpreted under and construed and enforced with the laws of the state of California.
- B. AMENDMENT. No variation, modification, change or amendment of this MOU shall be binding on either party unless such variation, modification, change or amendment is in writing and duly authorized and executed on behalf of the District, its governing board or its authorized designee. This MOU shall not be amended or modified by oral agreements or understanding between the parties or by any acts or conduct of the parties.
- C. ENTIRETY. This MOU constitutes the entire agreement between the parties with respect to the subject matter of this MOU and supersedes all prior and contemporaneous agreements and understandings.
- D. NO THIRD PARTY BENEFICIARY/SUCCESSORS AND ASSIGNS. This MOU is made and entered into for the cooperation of the parties in providing services. No other person or entity may assert rights based upon any provision of this MOU.
- E. SEVERABILITY. If any provision of this MOU shall be determined to be invalid, illegal or unenforceable to any extent, the remainder of this MOU shall not be affected and this MOU shall be construed as if the invalid, illegal or unenforceable provision had never been contained in this MOU.
- F. INTERPRETATION. It is recommended that both parties consult with counsel in the preparation and negotiation of this MOU. Accordingly, this MOU shall be construed according to its fair language and any ambiguities shall not be resolved against the drafting party.

This MOU was drafted with the purpose of filling gaps in services provided to elder and dependent adults. If there is change in the statutory and regulatory scheme of the APS and/or PG programs, the changes are binding on the parties.

- G. TERMINATION. Either party may terminate this MOU at any time..
- H. NOTICES. For purposes of this MOU, notices shall be sent as follows:

To: [INSERT NOTICE CONTACTS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the date shown:

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# **APS California Cross-Reporting and Referral Guide 2014**

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This document is designed for use by the APS worker and APS Hotlines as a guide to cross-reporting and referring to other agencies who may be able to assist in all or part of an Adult Protective Services investigation. This guide is an enhancement and update to the grid in the All County Letter 00-16 dated February 28, 2000. Since 2000, there has been an increase in the number of agencies that may be useful in the investigation of elder and dependent adult abuse as well as changes and merges of existing agencies documented in the ACL where cross reports must be completed. The guide will help determine which agency may be used as a resource and how to go about reporting to that agency. In some cases reports can only be made with the client's permission or with the client taking the lead, and in some cases cross-reporting is mandated and the APS worker must inform or involve other agencies. This guide is meant to be used as an electronic copy and contains hyperlinks within the documents and links to external references throughout. Each county is encouraged to add county-specific contact information and/or local guidance for each agency listed. This document does not imply or require listed agencies to provide any specific action to APS or to APS clients but is only a reference for possible referral and assistance.

General references below and each agency in the guide contain specific legal or program reference when applicable:

California Welfare & Institutions Code ("W&IC") section 15640. (a) (1) An adult protective services agency shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case any known or suspected instance of criminal activity, and to any public agency given responsibility for investigation in that jurisdiction of cases of elder and dependent adult abuse, every known or suspected instance of abuse pursuant to Section 15630 or 15630.1 of an elder or dependent adult. A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision.

Manual of Policy and Procedure Adult Protective Services Program section 33-130 (2) "Public agency" means the agency with the statutory authority to investigate known or suspected abuse of an elder or dependent adult.

(A) This definition of "public agency" has a more limited scope than what is generally recognized as a public agency, and applies only for the purposes of the adult protective services program under this division.

- Examples of public agencies may include, but are not limited to: adult protective services agencies; Office of the Long-Term Care Ombudsman; California Department of Mental Health; California Department of Developmental Services; California Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse; California Department of Consumer Affairs, Division of Investigation; licensing agencies; and professional licensing agencies.
- Professional licensing agency includes the various agencies, boards, bureaus, commissions, committees, departments, divisions, examining committees, or programs of the California Department of Consumer Affairs with the authority to issue a license, certificate, registration, or other means to engage in a business or profession regulated by the California Business and Professions Code. Examples include the Board of Dental Examiners, Board of Registered Nursing, Board of Behavioral Sciences, Medical Board of California, etc.

MPP 33-405.2 2 When jurisdiction to investigate reports of known or suspected abuse or neglect is shared with another public agency, county, or state, the adult protective services agencies shall investigate the specific allegations contained in the report that are within the adult protective services agency's jurisdiction, and cross report, as specified in Section 33-515.1, all other issues to the appropriate agency.

**Agency Name (By Type)**

**Department/Bureau**

- [Bureau of Indian affairs](#)
- [Department of Business Oversight](#)
- [Department of Consumer Affairs](#)
- [Department of Developmental Services](#)
- [Department of Health Care Services; Mental Health Services Division](#)
- [Department of Health Services Licensing and Certification](#)
- [Department of Insurance](#)
- [Department of Justice Medi-Cal Fraud](#)
- [Department of Real Estate](#)
- [Federal Trade Commission](#)
- [Financial Industry Regulator Authority](#)

**Law Enforcement Type Agency**

- [Coroner Office/Medical Examiner](#)
- [FBI](#)
- [Homeland Security](#)
- [Law Enforcement](#)
- [United States Postal Inspector](#)
- [United States Secret Services](#)
- [US Immigration and Customs Enforcement \(ICE\)](#)
- [California Highway Patrol](#)

**Legal**

- [District Attorney](#)
- [LPS Conservator](#)
- [Probate Conservator](#)
- [Public Guardian](#)
- [State Bar Associations](#)

**Licensing**

- [Community Care Licensing](#)
- [Medical Board of California](#)
- [Mental Health Treatment Licensing](#)
- [California Board of Behavioral Sciences](#)
- [California Board of Registered Nursing](#)

**Other**

- [Animal Control](#)
- [Code Enforcement](#)
- [Fire Department](#)
- [In Home Supportive Services](#)
- [Public Authority](#)
- [Public Health](#)
- [Regional Center](#)
- [Veterans Affairs](#)
- [California Fire Department](#)

**Protective**

- [APS in Other Counties](#)
- [Long Term Care Ombudsman](#)
- [Child Protective Services](#)

**Agency Name (Alphabetical List)**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. <a href="#">Animal Control</a></li> <li>2. <a href="#">APS in Other Counties</a></li> <li>3. <a href="#">Bureau of Indian Affairs</a></li> <li>4. <a href="#">California Board of Behavioral Sciences</a></li> <li>5. <a href="#">California Board of Registered Nursing</a></li> <li>6. <a href="#">California Fire Department</a></li> <li>7. <a href="#">California Highway Patrol</a></li> <li>8. <a href="#">Child Protective Services</a></li> <li>9. <a href="#">Code Enforcement</a></li> <li>10. <a href="#">Community Care Licensing</a></li> <li>11. <a href="#">Coroner Office/Medical Examiner</a></li> <li>12. <a href="#">Department of Business Oversight</a> (formerly Department of Corporations and Department of Financial Institutions)</li> <li>13. <a href="#">Department of Consumer Affairs</a></li> <li>14. <a href="#">Department of Developmental Services</a></li> <li>15. <a href="#">Department of Health Care Services; Mental Health Services Division</a></li> <li>16. <a href="#">Department of Health Services Licensing and Certification</a></li> <li>17. <a href="#">Department of Insurance</a></li> <li>18. <a href="#">Department of Justice Medi-Cal Fraud</a></li> <li>19. <a href="#">Department of Real Estate</a></li> </ol> | <ol style="list-style-type: none"> <li>20. <a href="#">District Attorney</a></li> <li>21. <a href="#">FBI</a></li> <li>22. <a href="#">Federal Trade Commission (FTC)</a></li> <li>23. <a href="#">Financial Industry Regulator Authority</a></li> <li>24. <a href="#">Fire Department</a></li> <li>25. <a href="#">Homeland Security</a></li> <li>26. <a href="#">In Home Supportive Services</a></li> <li>27. <a href="#">Law Enforcement</a></li> <li>28. <a href="#">Long Term Care Ombudsman</a></li> <li>29. <a href="#">LPS Conservator</a></li> <li>30. <a href="#">Medical Board of California</a></li> <li>31. <a href="#">Mental Health Treatment Licensing</a></li> <li>32. <a href="#">Probate Conservator</a></li> <li>33. <a href="#">Public Authority</a></li> <li>34. <a href="#">Public Guardian</a></li> <li>35. <a href="#">Public Health</a></li> <li>36. <a href="#">Regional Center</a></li> <li>37. <a href="#">State Bar Associations</a></li> <li>38. <a href="#">United States Postal Inspector</a></li> <li>39. <a href="#">United States Secret Services</a></li> <li>40. <a href="#">US Immigration and Customs Enforcement (ICE)</a></li> <li>41. <a href="#">Veterans Affairs</a></li> </ol> |
|---|--|

<b>Agency Name:</b>	<b>ANIMAL CONTROL</b>
<b>Agency Description:</b>	Animal control jurisdictions in California mainly respond to assistance calls for abandoned, loose, or dangerous animals. They also: provide comfortable, humane shelters and care to animals; use adoption, education, and veterinary medical programs as an alternative to euthanasia; and seek lifetime homes for the pets they place.
<b>What to Report:</b>	Assistance calls for abandoned, loose, or dangerous animals. Including animals which may have bitten or injured a senior or dependent adult.
<b>Contact Information /Where to Report:</b>	Local city and county jurisdictions. <a href="http://cacda.org/home/index.php?Itemid=7">http://cacda.org/home/index.php?Itemid=7</a> for local animal shelter and humane society information
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	The Animal Control agency will usually take a report over the phone and triage the case based on the nature of the emergency. If an elder or a dependent adult has been injured by an animal, or if a dangerous animal is at large, APS workers needing an immediate response should call 911.
<b>APS responsibility or what to expect:</b>	The Animal Control agency will request the caller’s name, contact information, and how they came to find out about the incident.
<b>Legal citations, W&amp;l code or specific policy information:</b>	none
<b>Reporting Vehicle/Format:</b>	phone
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

Click [here](#) to return to Agency List.

<b>Agency Name:</b>	<b>APS in other counties</b>
<b>Agency Description:</b>	Each California county is required to maintain an APS agency to help elder adults (65 years and older) and dependent adults (18-64 who are disabled), when these individuals are unable to meet their own needs, or are victims of abuse, neglect or exploitation.  County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes and hotels or hospitals and health clinics when the abuser is not a staff member.
<b>What to Report:</b>	Adult Protective Services allegations where it is determined that the client no longer lives in the responding county's jurisdiction. This includes APS concerns on an Inter-County Transfer (ICT)

	In-Home Supportive Services case.
<b>Contact Information/Where to Report:</b>	<a href="http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm">http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm</a>
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	To report Elder/Dependent adult abuse or neglect to the appropriate jurisdiction and provide any follow-up information as available/necessary.
<b>APS responsibility or what to expect:</b>	The receiving county should generate the appropriate SOC 341 for their jurisdiction.
<b>Legal citations, W&amp;I code or specific policy information:</b>	APS Manual of Policies and Procedures section 33-515.2 <a href="http://www.dss.cahwnet.gov/ord/PG313.htm">http://www.dss.cahwnet.gov/ord/PG313.htm</a>
<b>Reporting Vehicle/Format:</b>	SOC 341 <a href="http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf">http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

Click [here](#) to return to Agency List.

<b>Agency Name:</b>	<b>Bureau of Indian Affairs</b>
<b>Agency Description:</b>	<p>The Bureau of Indian Affairs’ mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes and Alaska Natives.</p> <p>Under the mission area of Serving Communities, the Human Services Program supports the Department’s Strategic Goal to Advance Quality Communities for Tribes and Alaska Natives by improving welfare systems for Indian Tribes and Alaska Natives. Human Services consists of direct funding and activities related to social services, welfare assistance, Indian child welfare, and program oversight. The objective of this activity is to improve the quality of life for individual Indians that live on or near Indian reservations and to protect the children, elderly and disabled from abuse and neglect. The activity also provides child abuse and neglect services and protective services to Individual Indian Monies (IIM) supervised account holders who are minors, adults in need of assistance, adults under legal disability, and adults found to be non compos mentis.</p>
<b>What to Report:</b>	Elder or dependent adults on tribal lands in need of financial or social services using the Application for Financial and Social Services.
<b>Contact Information/Where</b>	<b>Mailing/Physical Address:</b> Pacific Regional Office

<b>to Report:</b>	Bureau of Indian Affairs 2800 Cottage Way Sacramento, CA 95825 Telephone: (916) 978-6000 Telefax: (916) 978-6099 Email format: first.last@bia.gov
	<a href="http://www.bia.gov/WhoWeAre/RegionalOffices/Pacific/index.htm">http://www.bia.gov/WhoWeAre/RegionalOffices/Pacific/index.htm</a> (see website for link to each California region.)
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Yes
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	Assist APS clients on tribal lands with completing application for assistance as needed.
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	<a href="http://www.bia.gov/cs/groups/xois/documents/collection/idc014233.pdf">http://www.bia.gov/cs/groups/xois/documents/collection/idc014233.pdf</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>California Board of Behavioral Services</b>
<b>Agency Description:</b>	
<b>What to Report:</b>	Reports of elder/dependent adult abuse where the alleged perpetrator is a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Licensed Educational Psychologist (LEP), MFT Intern, or an Associate Clinical Social Worker (ACSW)
<b>Contact Information /Where to Report:</b>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Client can self-report, or the report can be made from an outside person or agency.
<b>Agency responsibility or what to expect:</b>	The Medical Board of California (MBC) also investigates complaints regarding licensees in the professions listed in the preceding column; however the disciplinary action is taken by the respective licensing entity.

<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Call or make internet report of abuse. Follow up with SOC 341.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>California Board of Registered Nursing</b>	
<b>Agency Description:</b>		
<b>What to Report:</b>	Reports of elder/dependent adult abuse where the alleged perpetrator is a Registered Nurse.	
<b>Contact Information /Where to Report:</b>	If the report is made to the local APS agency or LTCO, a cross-report must be made to the California Board of Registered Nursing.	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Client can self-report, or the report can be made from an outside person or agency.	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>	APS has the responsibility to investigate.	
<b>Legal citations, W&amp;I code or specific policy information:</b>		
<b>Reporting Vehicle/Format:</b>	Call or make internet report of abuse. Follow up with SOC 341.	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>California Fire Department</b>
<b>Agency Description:</b>	Provide protection and operational command when emergencies occur in protected lands. The men and women of the California Department of Forestry and Fire Protection (CAL FIRE) are dedicated to the fire protection and stewardship of over 31 million acres of California's privately-owned wildlands. In addition, the Department provides varied emergency services in 36 of the State's 58 counties via contracts with local governments.

<b>What to Report:</b>	Any fire or local large-scale emergency (earthquake, flood, etc.).
<b>Contact Information /Where to Report:</b>	Local 911
	<a href="http://calfire.ca.gov">http://calfire.ca.gov</a>
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	Local 911 will alert CalFire if appropriate. CalFire will dispatch emergency responders/fire fighters as needed to the area of incident.
<b>APS responsibility or what to expect:</b>	APS Social Workers should make available their name(s) and contact information should follow-up and incident reporting be needed. In some jurisdictions, APS Social Workers may be asked to assist in the staffing of shelters during emergencies.
<b>Legal citations, W&amp;I code or specific policy information:</b>	none
<b>Reporting Vehicle/Format:</b>	By phone (local 911)
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>California Highway Patrol (CHP)</b>
<b>Agency Description:</b>	<p>The mission of the California Highway Patrol (CHP) is to provide the highest level of safety, service, and security to the people of California. This is accomplished through five departmental goals:</p> <ul style="list-style-type: none"> <li>• Prevent Loss of Life, Injuries, and Property Damage - To minimize the loss of life, personal injury, and property damage resulting from traffic collisions through enforcement, education, and engineering. To enforce the provisions of the California Vehicle Code and other laws to prevent crime.</li> <li>• Maximize Service to the Public and Assistance to Allied Agencies - To maximize service to the public in need of aid or information, and to assist other public agencies when appropriate.</li> <li>• Manage Traffic and Emergency Incidents - To promote the safe and efficient movement of people and goods throughout California, and to minimize exposure of the public to unsafe conditions resulting from emergency incidents and highway impediments.</li> <li>• Protect Public and State Assets - To protect the public, their property, state employees, and the state's infrastructure. To collaborate with local, state, and federal public safety agencies to protect California.</li> <li>• Improve Departmental Efficiency - To continuously look for ways to increase the efficiency</li> </ul>

	and/or effectiveness of departmental operations CHP investigated when an alleged crime occurs on state property.
<b>What to Report:</b>	Abuse occurring in a Veteran’s Home of California (VHC) Independent Living, or Domiciliary Care. The local APS agency takes a report, investigates and cross-reports to CHP.
<b>Contact Information /Where to Report:</b>	Call. Follow up with SOC 341. Non-emergency number is 1-800-835-5247.
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Client can self-report, or the report can be made from an outside person or agency.
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	APS investigates and works cooperatively with CHP when an alleged crime occurs at a Veterans facility.
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Call. Follow up with SOC 341. Non-emergency number is 1-800-835-5247.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Child Protective Services</b>
<b>Agency Description:</b>	CPS is the major system of intervention of child abuse and neglect in California. Existing law provides for services to abused and neglected children and their families. The CPS goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop an alternate plan as quickly as possible.
<b>What to Report:</b>	Abuse, neglect or endangerment allegations of anyone under the age of 18 years.
<b>Contact Information /Where to Report:</b>	<a href="http://www.childsworld.ca.gov/res/pdf/CPSEmergNumbers.pdf">http://www.childsworld.ca.gov/res/pdf/CPSEmergNumbers.pdf</a> (insert local contact information here)
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	

<b>APS responsibility or what to expect:</b>	To report child abuse or neglect to the appropriate jurisdiction and provide follow-up information/assistance as requested.
<b>Legal citations, W&amp;I code or specific policy information:</b>	Penal Code Section 11166
<b>Reporting Vehicle/Format:</b>	SS 8572 <a href="http://ag.ca.gov/childabuse/pdf/ss_8572.pdf">http://ag.ca.gov/childabuse/pdf/ss_8572.pdf</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Code Enforcement</b>	
<b>Agency Description:</b>	<p>Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse.</p> <p>Code Enforcement is the prevention, detection, investigation and enforcement of violations of statutes or ordinances regulating public health, safety, and welfare, public works, business activities and consumer protection, building standards, land-use, or municipal affairs.</p> <p>Code enforcement is a function local governments perform that citizens consider important for accomplishing community goals, such as protecting property values and the environment. Others view code enforcement as an annoying intrusion into the free use of private property. Traditionally, it has been a process whereby local governments use various techniques to gain compliance with duly-adopted regulations such as land use and zoning ordinances, health and housing codes, sign standards, and uniform building and fire codes. In recent years, federal and state regulations governing air and water quality and the transport and storage of hazardous wastes, and requirements for implementing the Americans with Disabilities Act have come into play. Local governments are now obliged to include enforcement of these rules and regulations in the array of responsibilities they assume for protecting the public health and welfare.</p>	
<b>What to Report:</b>	<p>County's local APS intake.</p> <p>APS should report any violations of laws regulating public nuisance, public health, safety, and welfare, public works, business activities and consumer protection, building standards, land-use, or municipal affairs to code enforcement.</p>	
<b>Contact Information /Where to Report:</b>		
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>	Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse.	

<b>APS responsibility or what to expect:</b>	Ensure APS client's living environment is complaint with code enforcement
<b>Legal citations, W&amp;I code or specific policy information:</b>	Code enforcement agencies are defined under the law as care custodians, and as such are mandated reporters of elder/dependent adult abuse. WIC Section 15610.17
<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Community Care Licensing</b>	
<b>Agency Description:</b>	Community Care Licensing (CCL) licenses and oversees both day care and residential facilities in the state of California for children and adults who cannot live alone, but who do not need extensive medical services. CCL’s mission is to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. Corrective action is taken by CCL when a licensee fails to protect the health, safety, and personal rights of individuals in care, or is unwilling or unable to maintain substantial compliance with licensing laws and regulations.	
<b>What to Report:</b>	Abuse occurred in a facility licensed by this agency OR Abuse occurred during an absence from the facility when facility personnel were responsible for providing care and supervision OR the alleged perpetrator is affiliated with the facility OR it is unclear if abuse occurred at the facility, by a perpetrator at the facility or during an absence when facility personnel were responsible for providing care and supervision. Also report unlicensed facilities that are operating in violation of the law.	
<b>Contact Information /Where to Report:</b>	1-844-LET-US-NO (1-844-538-8766) or LetUsNo@dss.ca.gov <a href="http://www.cclid.ca.gov/res/pdf/ASC.pdf">http://www.cclid.ca.gov/res/pdf/ASC.pdf</a>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	APS alone or APS and client	
<b>Agency responsibility or what to expect:</b>	That the receiving jurisdiction would generate the appropriate LIC 802.	
<b>APS responsibility or what to expect:</b>	APS shall investigate abuse that occurs in unlicensed facilities.	
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Code of Regulations Title 22, Divisions 2 and 6; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC	

	15640(a)(1)].
<b>Reporting Vehicle/Format:</b>	Immediately or as soon as possible report using the SOC 341 or the county equivalent. APS must also cross report to law enforcement in these cases.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Coroner Office/Medical Examiner</b>
<b>Agency Description:</b>	
<b>What to Report:</b>	<p>Each county within the State of California is mandated to perform the functions of Coroner as defined in the California Government Code, the Health and Safety Code, and the Penal Code. In Government Code 27491, the Coroner has the authority, duties, functions, and responsibilities to determine the circumstances, manner, and causes of deaths listed below. Any person with knowledge of these situations is mandated to report the death to the Coroner.</p> <ul style="list-style-type: none"> <li>• Following an accident or Injury either old or recent. If a person is hospitalized following any accident such as traffic, overdose, fall, industrial, etc., and while hospitalized the patient develops a complication, such as pneumonia, infection, or sepsis, and dies, then it shall be reported to the coroner.</li> <li>• Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation, or aspiration.</li> <li>• Accidental poisoning, (to include illicit drugs of abuse or prescription drug intoxication that leads to the death.)</li> <li>• Occupational diseases or occupational hazards, (All deaths when a person was injured at work or while on duty.)</li> <li>• Known or suspected homicide.</li> <li>• Known or suspected suicide involving any criminal action or suspicion of a criminal act. (Not a civil action, such as medical malpractice.)</li> <li>• No physician is in attendance, (Subject is not under the care of a doctor or does not have a regular doctor of record. Patients who are seen by various doctors at a clinic have a doctor of record and any doctor at the clinic that has seen the patient may provide cause based on documented history at the clinic.)</li> <li>• The deceased was not attended by a physician in the 20 days prior to death. (Private physician may sign the death certificate but the coroner shall be notified that it has been more than 20 days. This is handled by the mortuary upon completion of death certificate.)</li> <li>• The physician is unable to state the cause of death. (This does not mean the exact mechanism of death. Rather, the deceased has no diagnosed medical conditions. A history of diabetes, hypertension, and high cholesterol may be sufficient causes upon consideration of age, compliance, and circumstances of death. Causes such as complication of diabetes, coronary artery disease, etc. are sufficient. A doctor is required to provide a reasonable cause based on history when the circumstances of the death do not fall under coroner jurisdiction.</li> <li>• Related to or following known or suspected self-Induced or criminal abortion.</li> <li>• Associated with a known or alleged rape.</li> </ul>

	<ul style="list-style-type: none"> <li>• Known or suspected contagious disease that constitutes a public hazard.</li> <li>• All operating room deaths. (Based on the circumstances, the doctor of record may provide cause of death unless death is related to circumstances that fall under coroner jurisdiction.)</li> <li>• Death where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room, or elsewhere. (See above example.)</li> <li>• All deaths in which the patient is comatose throughout the period of physician's attendance, whether at home or in a hospital.</li> <li>• All in-custody deaths. (Prison, jail, foster home or juvenile facilities.)</li> <li>• All solitary deaths where the deceased is unattended by a physician or person in the period immediately preceding death, (such as persons who are found deceased.)</li> <li>• All deaths of unidentified persons.</li> <li>• Deaths of patients in state mental health hospitals and state hospitals that serve the developmentally disabled.</li> <li>• All deaths in which the suspected cause of death is Sudden Infant Death Syndrome.</li> <li>• In situations where there is no next of kin or the next of kin is unknown.</li> </ul> <p>NOTE: All the above cases are reportable to the coroner. However, it does not mean the coroner will accept jurisdiction of all cases. Many may be screened and released depending on the circumstances of the death.</p>
<b>Contact Information /Where to Report:</b>	(fill in information specific to your county)
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Yes
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	If aware should cross report to law enforcement agency having jurisdiction
<b>Legal citations, W&amp;I code or specific policy information:</b>	W&IC 15633 (b): permits disclosure of Adult Protective Services records to “a local law enforcement agency, . . . the Bureau of Medi-Cal Fraud or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse,”
<b>Reporting Vehicle/Format:</b>	Per individual county
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<p><b>Department of Consumer Affairs (DCA)</b>          (see specific guidance under the following agencies – Board of Behavioral Sciences, Medical Board, Board of Psychology, Board of Registered Nursing)</p>
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<p><b>Agency Description:</b></p>	<p>The Department of Consumer Affairs (DCA) is here to protect and serve California consumers while ensuring a competent and fair marketplace. DCA helps consumers learn how to protect themselves from unscrupulous and unqualified individuals. DCA accepts complaints against professionals and business's in California. Major DCA functions: Licensing, education, enforcement, consumer hotline, mediation, smog check. The Department of Consumer Affairs (DCA) is comprised of more than 35 entities that license and regulate more than 2 million Californians in over 180 different professions; including doctors, dentists, contractors and auto-repair technicians. DCA entities have authority to handle complaints against those businesses or professionals licensed by DCA, enforce laws and regulations governing those professions, and discipline violators.</p> <p>However, DCA can still help if your complaint falls outside of our regulatory authority. Our Correspondence Unit (CRU) receives and reviews consumer complaints regarding a wide variety of issues that are either unregulated in California or regulated by other state or federal agencies. The CRU will work with you to resolve your complaint through mediation efforts, if possible, provide helpful information to help you make informed decisions in the marketplace, and refer complaints to the appropriate state or federal agency, when applicable.</p>
<p><b>What to Report:</b></p>	<p>Complaints against a professional, a business, or licensee in California when, based on an APS investigations, the APS worker has a reasonable suspicion that the alleged abuser is in violation of his or her professional license or certification.</p>
<p><b>Contact Information /Where to Report:</b></p>	<p>Call or make an online complaint  <a href="http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml">http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml</a>                  To discuss concerns related to a case or to ask a general questions, contact the DCA's Consumer Information Center (CIC) at 800-952-5210</p>
<p><b>Does client/authorized representative need to be involved in the referral/cross –report?</b></p>	<p>Client can self-report, or the report can be made from an outside person or agency.</p>
<p><b>Agency responsibility or what to expect:</b></p>	<p>A letter will be sent to the APS worker filing the complaint within seven to ten days from the date of submittal. The letter will include a tracking number for follow-up on the complaint through the CIC toll-free number.</p>
<p><b>APS responsibility or what to expect:</b></p>	<p>Conduct APS investigation as per policy and make report to DCA as necessary. MDT with DCA as needed.</p>
<p><b>Legal citations, W&amp;I code or specific policy information:</b></p>	<p>Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&amp;IC 15640(a)(1)].</p>
<p><b>Reporting Vehicle/Format:</b></p>	<p><a href="http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml">http://www.dca.ca.gov/online_services/complaints/consumer_complaint.shtml</a>                  Paper complaint forms can be mailed or faxed to:                  Department of Consumers Affairs                  Complaint Resolution Program</p>

	1625 North Market Boulevard, Suite S-202 Sacramento, CA 95834 Fax (916) 574-8678
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Business Oversight – DBO</b> (Department of Corporations and Department of Financial Institutions merged 7/1/2013)
<b>Agency Description:</b>	The Department of Business Oversight (DBO) provides protection to consumers and services to businesses engaged in financial transactions. The Department regulates a variety of financial services, products and professionals. The Department oversees the operations of state-licensed financial institutions, including banks, credit unions, money transmitters, issuers of payment instruments and travelers checks, and premium finance companies. Additionally, the Department licenses and regulates a variety of financial businesses, including securities brokers and dealers, investment advisers, deferred deposit transactions (commonly known as payday loans) and certain fiduciaries and lenders. The Department also regulates the offer and sale of securities, franchises and off-exchange commodities.
<b>What to Report:</b>	The Department of Business Oversight encourages the public to submit complaints if it is believed that a licensee of the Department is acting in violation of state law or has acted improperly. The Department evaluates and reviews complaints for alleged violations of the laws we administer and take appropriate action as authorized under the law.
<b>Contact Information /Where to Report:</b>	<a href="https://dbo.secureprtportal.com/pages/dfi_ecomplaint.aspx">https://dbo.secureprtportal.com/pages/dfi_ecomplaint.aspx</a> Online report. See the website for list of industries regulated by DBO <a href="http://www.dbo.ca.gov/Licensees/default.asp">http://www.dbo.ca.gov/Licensees/default.asp</a>
	Contact DBO at 1-866-275-2677 or 1-800-622-0620 to discuss report or for general questions.
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	The DBO can only investigate a complaint when the client or the client’s legal representative has completed and signed a Complaint Form. The APS worker is permitted to assist the client or the client’s legal representative with completing the complaint form. If the client or client’s legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the Department of Corporations if there is reason to suspect that the same alleged abuser(s) may victimize others
<b>Agency responsibility or what to expect:</b>	When you submit a complaint to the Department of Business Oversight, DBO review it to determine whether it is a matter over which DBO has jurisdiction. If DBO is not the proper regulatory authority, DBO will attempt to direct you to the correct agency.  Please note that the Department does not provide legal or financial advice; DBO do not act as your private attorney; and DBO do not act as a court of law. You should seek the assistance of a private attorney if your complaint involves a sum

	<p>of money you seek to recover or a contract you request cancelled.</p> <p>You should always file your complaint with the Department, regardless of whether you are resolving your dispute through another forum. The Department relies upon complaints received from investors, borrowers and consumers to ensure that our Licensees are complying with the licensing laws, and to locate and stop investment fraud.</p>
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
<b>Reporting Vehicle/Format:</b>	<p>The complaint form is available and can be downloaded from the Department of Corporations website at:</p> <p><a href="http://www.dbo.ca.gov/Consumers/consumer_services.asp">http://www.dbo.ca.gov/Consumers/consumer_services.asp</a></p>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Developmental Services</b>	
<b>Agency Description:</b>	Abuse occurring in a State Developmental Center or under the supervision of state hospital personnel. Mandated reporters must report serious bodily injury to elders and dependent adults in a licensed facility directly to law enforcement.	
<b>What to Report:</b>	Advise the reporting party that the initial report of abuse may be made to the California Department of Developmental Services (CDDS)/Designated Investigator, Local LE, or LTCO.	
<b>Contact Information /Where to Report:</b>	If report received in County APS, County must cross-report to Developmental Centers and Community Operations and Certification Unit. Report suspected criminal activity to the DOJ BMFEA Prosecution Unit	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>	California Department of Developmental Services with local law enforcement, as required.	

<b>APS responsibility or what to expect:</b>	APS shall not investigate in these facilities but report when abuse in one of these licensed facilities is discovered as part on an APS investigation.
<b>Legal citations, W&amp;I code or specific policy information:</b>	CDSS MPP 33-405.113 (a)
<b>Reporting Vehicle/Format:</b>	SOC 341. Report of suspected criminal activity is made by telephone and fax to the DOJ/BMFEA Prosecution Unit.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Health Care Services; Mental Health Services Division</b>	
<b>Agency Description:</b>	<p>The Mental Health Services Division (MHSD), consists of three Branches:</p> <ol style="list-style-type: none"> <li>1. Program Policy and Quality Assurance (PPQA)</li> <li>2. Fiscal Management and Outcomes Reporting (FMOR)</li> <li>3. Program Oversight and Compliance</li> </ol> <p>MHSD administers a number of mental health programs for Children and Youth, Adults, and Older Adults.</p>	
<b>What to Report:</b>	Abuse occurring in a State Hospital or under the supervision of state hospital personnel. Mandated reporters must report serious bodily injury to elders and dependent adults in a licensed facility directly to law enforcement.	
<b>Contact Information /Where to Report:</b>	<p>For allegations at Atascadero State Hospital fax SOC 341 to:</p> <p>Licensing and Certification Division (LCD)                  California Department of Public Health                  464 West Fourth Street, Suite 529                  San Bernardino, CA 92301                  (909) 888-2315</p>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>	CDMH responsible for investigation with local law enforcement, as required	
<b>APS responsibility or what to expect:</b>	APS shall not investigate in these facilities but will cross report when abuse at a	

	licensed facility is discovered during the course of an investigation.
<b>Legal citations, W&amp;I code or specific policy information:</b>	MPP 33-405.412; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction[W&IC 15640(a)(1)].
<b>Reporting Vehicle/Format:</b>	SOC 341. Report of suspected criminal activity is made by telephone and fax to the DOJ/BMFEA Prosecution Unit.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Health Services Licensing and Certification</b>	
<b>Agency Description:</b>	The California Department of Public Health (CDPH) Licensing and Certification program (L&C) is one of many public agencies at the state and federal levels that licenses, regulates, inspects, and/or certifies health care facilities in California. CDPH L&C is responsible for ensuring that health care facilities comply with state laws and regulations. They investigate complaints against hospitals, acute psychiatric hospitals, hospice, health care facilities, or nursing homes.	
<b>What to Report:</b>	Abuse occurred in a facility licensed by this agency OR Abuse occurred during an absence from the facility when facility personnel were responsible for providing care and supervision OR the alleged perpetrator is affiliated with the facility OR it is unclear if abuse occurred at the facility, by a perpetrator at the facility or during an absence when facility personnel were responsible for providing care and supervision. Also report unlicensed facilities that are operating in violation of the law.	
<b>Contact Information /Where to Report:</b>	<a href="https://hfcis.cdph.ca.gov/LongTermCare/ConsumerComplaint.aspx">https://hfcis.cdph.ca.gov/LongTermCare/ConsumerComplaint.aspx</a>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	APS alone or APS and client	
<b>Agency responsibility or what to expect:</b>	That the Department of Health Services, Licensing and Certification would investigate as appropriate.	
<b>APS responsibility or what to expect:</b>	Investigate in conjunction with Licensing as appropriate.	
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Code of Regulations Title 22, Divisions 2 and 6;Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].	

<b>Reporting Vehicle/Format:</b>	Immediately or as soon as possible report using the SOC 341 or the county equivalent. APS must also cross report to law enforcement in these cases.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>California Department of Insurance</b>	
<b>Agency Description:</b>	<p>The California Department of Insurance (CDI) is a state mandated regulatory agency that investigates possible violations of the law by licensed insurance agents, insurance companies, or any violation of the law related to insurance (this includes annuities). Some examples of the types of complaints they investigate are as follows:</p> <ul style="list-style-type: none"> <li>• Improper denial or delay in settlement of a claim</li> <li>• Alleged illegal cancellation or termination of an insurance policy</li> <li>• Alleged misrepresentation by an agent, broker, or solicitor</li> <li>• Alleged theft of premiums paid to an agent, broker, or solicitor</li> <li>• Problems concerning insurance premiums and rates</li> <li>• Alleged improper handling of an escrow transaction by a title insurer or underwritten title company</li> </ul>	
<b>What to Report:</b>	<p>A complaint will be filed to the CDI if an elder or dependent adult appears to be a victim of an unethical or illegal sale of insurance, if there has been fraud related to an insurance claim, or if there has been an apparent deception of some type related to insurance sales or insurance products. This may include insurance policies, annuities, or irregularities related to escrow transactions or to title insurance. To discuss concerns related to a case, or to ask general questions contact the CDI’s Consumer Hotline at (800) 927- 4357.</p>	
<b>Contact Information /Where to Report:</b>	<p>The completed complaint form must be mailed to:</p> <p>California Department of Insurance                  Consumer Services and Market Conduct Branch                  Consumer Services Division                  300 South Spring Street, South Tower                  Los Angeles, CA 90013</p>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	<p>The client or the client’s legal representative must complete and sign the CDI Request for Assistance complaint form. The APS worker is permitted to assist the client or the client’s legal representative with completing the complaint form. If the client or client’s legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the CDI if there is reason to suspect that the same alleged abuser(s) may victimize others.</p>	
<b>Agency responsibility or what to expect:</b>		

<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
<b>Reporting Vehicle/Format:</b>	The complaint form is available and can be downloaded from the CDI website at: <a href="http://www.insurance.ca.gov/01-consumers/101-help/index.cfm">http://www.insurance.ca.gov/01-consumers/101-help/index.cfm</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Justice Medi-Cal Fraud</b>	
<b>Agency Description:</b>	The Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA) aggressively pursues criminals who are directly or indirectly involved in filing false claims for medical services, drugs, or supplies. These perpetrators can be registered Medi-Cal providers who allow others to use their billing privileges, or who manage to tap into the billing privileges of registered providers. They can be identity thieves who steal information from providers and patients, or beneficiaries who accept payment for using a particular provider or for selling their Medi-Cal identities. Suspects can include anyone who is involved in the administration of the Medi-Cal program, including government workers and employees of contracting agencies.	
<b>What to Report:</b>	When, as part of an APS investigation, it comes to the attention of the investigating Social Worker that Medi-Cal or Social Security fraud may be occurring.	
<b>Contact Information /Where to Report:</b>	1-800-822-6222	
	<a href="http://oag.ca.gov/bmfea/reporting">http://oag.ca.gov/bmfea/reporting</a>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	APS alone or APS and client	
<b>Agency responsibility or what to expect:</b>	The Medi-Cal/Social Security Fraud unit would investigate. There should be no expectation of update/outcome.	
<b>APS responsibility or what to expect:</b>	To report any suspected fraud	
<b>Legal citations, W&amp;I code or specific policy information:</b>	Administrative Sanctions: Welfare and Institutions Code, Section 14107.11; Section 14043.36.; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is	

	given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].
<b>Reporting Vehicle/Format:</b>	SOC 341/343 or county equivalent
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Department of Real Estate (CalBRE)</b>	
<b>Agency Description:</b>	The Department of Real Estate licenses real estate professionals. It also investigates complaints against real estate brokers and salespersons accused of misleading or defrauding consumers. If a violation of the real estate licensing law can be proven, a formal hearing may be held which could result in the revocation or suspension of the agent's license. The Department of Real Estate can investigate and take action against licensed real estate agents, brokers, or anyone posing as a licensed agent or broker.	
<b>What to Report:</b>	A complaint will be filed to the Department of Real Estate if it appears that an elder or dependent adult may have been defrauded, or is being defrauded by a real estate professional related to a real estate transaction. Examples of defrauding are illegal change of title, sale of a client's home under unethical or illegal circumstances, or if it appears that a transaction may have taken place under duress or without the client's knowledge. To discuss concerns related to a case or to ask general questions, contact a representative of the San Diego Department of Real Estate Office at (619) 525-4192.	
<b>Contact Information /Where to Report:</b>	The completed complaint form must be mailed to: (insert local office address based on Bureau website: <a href="http://www.dre.ca.gov/Contact.html">http://www.dre.ca.gov/Contact.html</a> )	
	Department of Real Estate, Enforcement 1350 Front St., Suite 1063 San Diego, CA 92101	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	A Licensee/Sub-divider Complaint form must be completed and signed by the client or the client's legal representative. The APS worker is permitted to assist the client or the client's legal representative with the completion of the complaint form. If the client or client's legal representative is unable or unwilling to complete the complaint form, the APS worker can contact the Department of Real Estate if there is reason to suspect that the same alleged abuser(s) may victimize others.	
<b>Agency responsibility or what to expect:</b>	If CalBRE can prove a violation of the Real Estate Licensing Law, a formal hearing may be held which could result in the revocation or suspension of the agent's license. If CalBRE can prove a violation, further sales may be stopped until such time as the violations are corrected. CalBRE cannot act as a court of law, so CalBRE cannot order that monies be refunded, contracts be canceled, damages be awarded, etc.	

<b>APS responsibility or what to expect:</b>	A complaint should be filed with the Department of Real Estate if it appears that an elder or dependent adult may have been defrauded or is being defrauded by a real estate professional related to a real estate transaction.
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Welfare and Institutions Code Section 15640
<b>Reporting Vehicle/Format:</b>	The complaint form is available and can be downloaded from the Department of Real Estate website at: <a href="http://www.dre.ca.gov/Consumers/FileComplaint.html">http://www.dre.ca.gov/Consumers/FileComplaint.html</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>District Attorney</b>	
<b>Agency Description:</b>	The District Attorney is an elected official of a county or a designated district with the responsibility for prosecuting crimes. The duties include managing the prosecutor's office, investigating alleged crimes in cooperation with law enforcement, and filing criminal charges or bringing evidence before the Grand Jury that may lead to an indictment for a crime. In partnership with community and law enforcement agencies, the District Attorney's Office is responsible for the prosecution of crimes committed in the County.	
<b>What to Report:</b>	Allegations of elder or dependent adult abuse and/or neglect in conjunction with a verification of a penal code violation from local law enforcement.	
<b>Contact Information /Where to Report:</b>	<a href="https://www.cdaa.org/district-attorney-roster">https://www.cdaa.org/district-attorney-roster</a>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>	DA may request APS information for a criminal case. Expect to provide copies of records and/or for APS staff to testify in a criminal case upon DA request. A court order or subpoena is usually required.	
<b>APS responsibility or what to expect:</b>	APS will assist DA by providing case notes and documentation as well as testifying in criminal case	
<b>Legal citations, W&amp;I code or specific policy information:</b>	WIC, Section 15633.5	
<b>Reporting Vehicle/Format:</b>	Report to local law enforcement who will provide the information to DA.	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>FBI (Federal Bureau of Investigations)</b>	
<b>Agency Description:</b>	The FBI is an intelligence-driven and threat-focused national security organization with both intelligence and law enforcement responsibilities—the principal investigative arm of the U.S. Department of Justice and a full member of the U.S. Intelligence Community. It has the authority and responsibility to investigate specific crimes assigned to it and to provide other law enforcement agencies with cooperative services, such as fingerprint identification, laboratory examinations, and training. The FBI also gathers, shares, and analyzes intelligence—both to support its own investigations and those of its partners and to better understand and combat the security threats facing the United States.	
<b>What to Report:</b>	The FBI has Federal Jurisdiction over: Terrorism, Counterintelligence, Cyber Crime, Public Corruption, Civil Rights violations, Organized Crime, White-Collar Crime, Violent Crimes & Major Thefts. If local crime may have the FBI or Federal implications, Social Workers are encouraged to work through local law enforcement.	
<b>Contact Information /Where to Report:</b>	<a href="https://tips.fbi.gov/">https://tips.fbi.gov/</a> (name, title, and contact information required)	
	<a href="https://tips.fbi.gov/">https://tips.fbi.gov/</a> (name, title, and contact information required)	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	no	
<b>Agency responsibility or what to expect:</b>	Due to the high volume of information that the FBI receives, they are unable to reply to every submission. If needed a local field agent will contact the Social Worker.	
<b>APS responsibility or what to expect:</b>	Social Worker should website/local field agents to report suspected terrorism or criminal activity. The information will be reviewed promptly by an FBI special agent or a professional staff member.	
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Welfare and Institutions Code Section 15640	
<b>Reporting Vehicle/Format:</b>	Online or telephonic (see above for list of local offices).	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>U.S. Federal Trade Commission (FTC)</b>
<b>Agency Description:</b>	The FTC is a bipartisan federal agency with a dual mission to protect consumers and promote competition. The FTC provides consumer protection on: loans, credit cards, identity theft,

	telemarketing, funerals and cemeteries.
<b>What to Report:</b>	Report complaints regarding: unfair business practices, consumer fraud, data security, deceptive advertising, identity theft, telemarketing scams, credit scams, sweepstakes, lotteries and prizes, internet and online privacy and Do Not Call violations.
<b>Contact Information /Where to Report:</b>	1-877-382-4357) or <a href="http://www.consumer.gov">www.consumer.gov</a> (Consumer Fraud) 1-877-438-4338 or <a href="http://www.consumer.gov/idtheft">www.consumer.gov/idtheft</a> (Identity Theft Hotline) 1-888-382-1222 or <a href="http://www.donotcall.gov">www.donotcall.gov</a> (Do Not Call Registry)
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	The client can self report or the APS Social Worker can assist the client with the report depending on their ability or capacity.
<b>Agency responsibility or what to expect:</b>	The complaint may help the FTC and law enforcement partners detect patterns of fraud and abuse which may lead to investigations and eliminate unfair business practices. Complaints are entered in a secure online database, which is used by many local, state and federal enforcement agencies. The FTC cannot resolve individual complaints, but can provide information about what steps to take. The FTC also provides education and help hints on how to better protect the consumer against fraud and abuse.
<b>APS responsibility or what to expect:</b>	Educate the client and/or family regarding the Federal Trade Commission and how to file a complaint. Assist with the initial process if necessary.
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Welfare and Institutions Code Section 15640
<b>Reporting Vehicle/Format:</b>	Call or go on line to file a complaint.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Financial Industry Regulator Authority</b>
<b>Agency Description:</b>	The Financial Industry Regulatory Authority (FINRA) was created in July 2007 and took over the duties of the National Association of Securities Dealers (NASD). FINRA helps to regulate the securities industry through its membership. It provides education for members and the general public. FINRA investigates violations of their rules and takes disciplinary action when infractions are found. They also play a role in the mediation of disputes. Sanctions imposed by FINRA on securities dealers range from censures, fines, and suspensions to expulsion from the securities industry.
<b>What to Report:</b>	If it is believe an elder or dependent adult has been abused or neglected by a securities dealer through unethical or illegal activities. To discuss concerns related to a case or ask general

	questions, contact FINRA at 301-590-6500.
<b>Contact Information /Where to Report:</b>	Completed complain forms must be mailed and/or faxed to: Financial Industry Regulatory Authority Investor Complaint Center 9509 Key West Avenue Rockville, MD 20850 Fax (866) 397-3290
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	FINRA can only investigate when the client or the client's legal representative has completed and signed a FINRA Investor Complaint Form. The APS worker is permitted to assist the client or the client's legal representative. If the client or client's legal representative are unable or unwilling to complete the complaint form, the APS worker can contact FINRA if there is reason to suspect the same alleged abuser(s) may victimize other.
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Complaint form can be downloaded at the FINRA website at: <a href="http://www.finra.org/Investors/Contacts/">http://www.finra.org/Investors/Contacts/</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Fire Department</b>
<b>Agency Description:</b>	Local fire departments respond to emergency calls in communities throughout California. In contrast with Cal Fire, local fire departments are usually limited to single-structure fires or small-scale emergencies.
<b>What to Report:</b>	Clients at immediate risk for harm. The local fire department will respond to medical emergencies, fires, small-scale disasters, etc. Examples include a residential house fire, a vehicle accident, reports of hoarding inside a residence, extraction of an individual from a residence or vehicle, transportation to and from a medical facility, etc.
<b>Contact Information /Where to Report:</b>	911 for emergencies and the local, non-emergency line for issues like hoarding or non-life-threatening medical transport. Local information varies by municipality.

<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	Immediate response by emergency personnel as necessary.
<b>APS responsibility or what to expect:</b>	APS Social Workers should make available their name(s) and contact information should follow-up and incident reporting be needed. In some jurisdictions, APS Social Workers may be asked to assist in the incident resolution, i.e. a hoarding intervention.
<b>Legal citations, W&amp;I code or specific policy information:</b>	None
<b>Reporting Vehicle/Format:</b>	By phone (local 911)
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Homeland Security</b>
<b>Agency Description:</b>	<p>The Core Missions</p> <p>There are five homeland security missions:</p> <ol style="list-style-type: none"> <li>1. Prevent terrorism and enhancing security;</li> <li>2. Secure and manage our borders;</li> <li>3. Enforce and administer our immigration laws;</li> <li>4. Safeguard and secure cyberspace;</li> <li>5. Ensure resilience to disasters;</li> </ol>
<b>What to Report:</b>	Prompt and detailed reporting of suspicious activities can help prevent violent crimes or terrorist attacks. If you see suspicious activity, please report it to your local police department. Local law enforcement officers can respond quickly. Once they assess the situation, they can obtain additional support.
<b>Contact Information /Where to Report:</b>	Local law enforcement first
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No in most cases.
<b>Agency responsibility or what to</b>	Local response first

<b>expect:</b>	
<b>APS responsibility or what to expect:</b>	Duty to warn, tarasoff laws
<b>Legal citations, W&amp;I code or specific policy information:</b>	W&I 15633 (b): permits disclosure of Adult Protective Services records to “a local law enforcement agency, . . . the Bureau of Medi-Cal Fraud or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse,”
<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>In Home Supportive Services</b>	
<b>Agency Description:</b>	IHSS provides homemaker and personal care assistance to persons receiving Supplemental Security Income or who have a low income and need aid in the home to remain independent.	
<b>What to Report:</b>	potential fraudulent activity or refer client to IHSS for services	
<b>Contact Information /Where to Report:</b>	local IHSS services	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	no	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>	APS will work with IHSS to ensure proper services are in place to aid client	
<b>Legal citations, W&amp;I code or specific policy information:</b>		
<b>Reporting Vehicle/Format:</b>	Immediately or as soon as possible report using the SOC 341 or the county equivalent.	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>Law Enforcement (local)</b>
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<b>Agency Description:</b>	Law Enforcement Agency is a government agency responsible for the enforcement of the laws. The local law enforcement appropriate for APS to cross-report will depend on the jurisdiction of the incident suspected elder or dependent adult abuse.
<b>What to Report:</b>	APS Social Workers and investigative staff should contact law enforcement when, during the course of their investigation, they suspect that a Penal Code violation has taken place in addition to a Welfare and Institutions Code violation. Law enforcement shall also be contacted to ensure either social worker or client safety (if they are refused entry to a home where there is reason to believe a client is being held against their will and/or there is exigency of death or great bodily harm), and concluding a financial abuse investigation with all pertinent documentation.
<b>Contact Information /Where to Report:</b>	Varies from jurisdiction to jurisdiction. Also maybe under the ospices of the unincorporated areas (Sheriff) or the State (Highway Patrol)
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	The local Law Enforcement office completes an investigation of elder/dependent adult abuse and/or neglect in conjunction with or separate from APS.
<b>APS responsibility or what to expect:</b>	To report suspected penal code violations, to secure a scene and/or protect a client, and to report financial abuse investigation confirmations
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Penal Code
<b>Reporting Vehicle/Format:</b>	911 or local law enforcement non-emergency dispatch; SOC 341/343 or the county equivalent
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Long Term Care Ombudsman</b>
<b>Agency Description:</b>	The California State Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act and its State companion, the Older Californians Act. The primary responsibility of the program is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities. These facilities include nursing homes, residential care facilities for the elderly, and assisted living facilities. The Long-Term Care Ombudsman Program investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly.

<b>What to Report:</b>	The LTC Ombudsman Program should be contacted for the following resident services: Questions or concerns about quality of care; Questions or concerns about financial abuse; Suspected physical, mental or emotional abuse of residents; Witnessing services for Advance Health Care Directives; Requesting an Ombudsman to attend a resident care plan meeting; Requesting an Ombudsman to attend a resident or family council meeting.	
<b>Contact Information /Where to Report:</b>	1-800-231-4024 (insert local contact information)	
	<a href="http://www.aging.ca.gov/programs/lcop/Contacts/">http://www.aging.ca.gov/programs/lcop/Contacts/</a>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>	The Long-Term Care Ombudsman would investigate.	
<b>APS responsibility or what to expect:</b>	To report any suspected abuse or neglect in a long-term care facility, and/or to facilitate a client's well-being.	
<b>Legal citations, W&amp;I code or specific policy information:</b>	California Code of Regulations Title 22, Divisions 2 and 6; Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [W&IC 15640(a)(1)].	
<b>Reporting Vehicle/Format:</b>	SOC 341/343 or county equivalent	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>LPS Conservator</b>	
<b>Agency Description:</b>	LPS conservatorships are established under the Lanterman-Petris-Short Act and are governed by the California Welfare and Institutions Code (instead of the Probate Code). In this kind of conservatorship, a conservator is appointed to represent a person who is "gravely disabled." LPS conservatorships are designed for persons with serious mental disorders, or who are impaired by chronic alcoholism.	
<b>What to Report:</b>	Alleged perpetrator is a public or private conservator or alleged victim is a conservatee	
<b>Contact Information /Where to Report:</b>		
<b>Does client/authorized representative need</b>	No	

<b>to be involved in the referral/cross –report?</b>	
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the court with jurisdiction over the conservatorship (MPP 33-405.31).
<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Medical Board of California</b>	
<b>Agency Description:</b>		
<b>What to Report:</b>	Reports of elder/dependent adult abuse where the alleged perpetrator is a physician/surgeon, registered dispensing optician, research psychoanalyst, midwife, doctor of podiatric (podiatry) medicine, physician assistants, psychologists, or psychological assistants.	
<b>Contact Information /Where to Report:</b>	If the report is made to the local APS agency or LTCO, a cross-report must be made to the Medical Board of California.	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	yes	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>		
<b>Legal citations, W&amp;I code or specific policy information:</b>		
<b>Reporting Vehicle/Format:</b>		
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>Mental Health Treatment Licensing</b>	
<b>Agency Description:</b>	<p>The Mental Health Treatment Licensing (MHTL) section within the California Department of Health Care Services (DHCS) is responsible for implementing and maintaining a system to ensure compliance with licensing requirements, as specified in state statutes, for the range of 24-hour psychiatric and rehabilitation care facilities.</p> <p>The programs subject to licensure by MHTL are Mental Health Rehabilitation Centers (MHRCs) and Psychiatric Health Facilities (PHFs). Related oversight and monitoring responsibilities include review of Unusual Occurrences (UORs) and complaints lodged against the facility or staff and administration on the criminal background check law for MHRCs and PHFs. The MHTL is also responsible for the approval of Welfare and Institutions (WIC) Code Sections 5150/5585.50 facilities designated by the counties throughout the State of California.</p>	
<b>What to Report:</b>	<p>The APS worker will cross-report to MHTL when an APS investigation uncovers allegations that an elder or dependent adult was the victim of staff-to-patient abuse that occurred at a Mental Health Rehabilitation Center (MHRC) and Psychiatric Health Facility (PHF) To discuss concerns related to a case, or to ask general questions, contact MHTL at (916) 651-3907.</p>	
<b>Contact Information /Where to Report:</b>	<p>To complete a verbal cross report to MHTL, call their main line at (916) 651-3788. To complete a cross report by fax to MHTL, fax the SOC 341 or equivalent attention "Associate Governmental Program Analyst" at 916-651-3925</p>	
	<p>Main number 916-323-1864, report line for UORs and complaints 916-440-5600</p>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>		
<b>Legal citations, W&amp;I code or specific policy information:</b>	<p>Cross-reporting between APS and a public agency is required for any known or suspected incident of abuse in which the public agency is given the responsibility for the investigation of elder or dependent adult abuse in that jurisdiction [WIC 15640(a)(1)].</p>	
<b>Reporting Vehicle/Format:</b>		
<b>County specific guidance:</b>	(Enter guidance specific to your county here)	

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<b>Agency Name:</b>	<b>Probate Conservator</b>
<b>Agency Description:</b>	When someone is no longer able to handle his or her own financial and/or personal affairs, the court can appoint an individual (the conservator) to act on behalf of the incapacitated person (the conservatee). The judicial procedure for this appointment is called a probate conservatorship. The establishment of a conservatorship restricts the conservatee’s powers over financial and/or personal care decisions
<b>What to Report:</b>	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the Probate Court Investigator’s Office and Local Law Enforcement.
<b>Contact Information /Where to Report:</b>	The local court that has jurisdiction over the conservatee. Some jurisdictions have a website to search to confirm if a client is under conservatorship
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	An investigation into the appropriateness of the conservatorship. The Probate Court Investigator will generate a report for the court of his/her findings and this is confidential (will not be shared with APS).
<b>APS responsibility or what to expect:</b>	APS worker will focus his/her investigation on the protection of the client.
<b>Legal citations, W&amp;I code or specific policy information:</b>	When the alleged perpetrator is a public or private conservator, the assigned APS worker must cross-report the known or suspected abuse immediately, by telephone or fax, to the court with jurisdiction over the conservatorship (MPP 33-405.31).
<b>Reporting Vehicle/Format:</b>	The SOC 341 may be used with reporting party information redacted.
<b>County specific guidance:</b>	(Enter guidance specific to your county here) In San Diego the probate court has a standing court order that allows court investigators to review and obtain copies of APS records.

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<b>Agency Name:</b>	<b>Public Authority</b>
<b>Agency Description:</b>	Senate Bill 1780 enabled county boards of supervisors to establish a Public Authority (PA), by ordinance, or contract with Nonprofit Consortia (NPC) to provide for the delivery of In-Home Supportive Services (IHSS). The general functions of the Public Authority are to establish a Registry of IHSS Providers; conduct Provider recruitment and screening; offer free training and support to Consumers and Providers; and information and referral. The IHSS Public Authority works in conjunction with the county IHSS program.

<b>What to Report:</b>	<ul style="list-style-type: none"> <li>If an elder or dependent adult needs assistance with finding an IHSS care provider: APS will provide the name, address, telephone number, SSN, and DOB of the elder or dependent adult to the PA.</li> <li>If the suspected abuser is a PA registry provider: APS will share findings with the PA.</li> </ul>
<b>Contact Information /Where to Report:</b>	Local PA
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	<ul style="list-style-type: none"> <li>The PA will assist the elder or dependent adult to find a care provider. The PA will conduct an intake over the phone, send the client a list of eligible registry providers, and assist the client in contacting potential providers.</li> <li>If APS reports to the PA that a provider on the registry is a suspected abuser: the PA will interview the provider, client, and other clients who are receiving services from the provider. If validated, the PA will remove a provider from the Registry.</li> </ul>
<b>APS responsibility or what to expect:</b>	APS will provide limited information to the PA to assist the elder or dependent adult.
<b>Legal citations, W&amp;I code or specific policy information:</b>	MPP 33-500
<b>Reporting Vehicle/Format:</b>	Verbal report unless your county has other method of reporting.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Public Guardian</b>
<b>Agency Description:</b>	The Public Guardian or Public Conservator (PG/PC) conducts the official County investigation into conservatorship matters. The PG/PC also acts as the legally appointed guardian or conservator for persons found by Superior Court to be unable to properly care for themselves or their finances or who are unable to resist undue influence or fraud. Clients served by the PG/PC usually suffer from severe mental illness or are older, frail, dependent and vulnerable adults.
<b>What to Report:</b>	<p>Possible reports of abuse against conservatees.</p> <p>Reports of clients needing Public Guardian services</p>
<b>Contact Information /Where to Report:</b>	Local Public Guardian’s Office.

<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No. This agency may receive information relevant to an incident of elder or dependent adult abuse.
<b>Agency responsibility or what to expect:</b>	This agency may receive information relevant to an incident of elder or dependent adult abuse.
<b>APS responsibility or what to expect:</b>	APS continues to monitor service plan of APS clients referred for guardianship until guardianship is in place.
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Local forms for referral to Public Guardian.
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Public Health</b>
<b>Agency Description:</b>	<p>Ten Essential Public Health Services directly and/or through strong and effective partnerships:</p> <ol style="list-style-type: none"> <li>1. Monitoring health status to identify community health problems including health disparities.</li> <li>2. Detecting and investigating health problems and health hazards in the community.</li> <li>3. Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.</li> <li>4. Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.</li> <li>5. Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.</li> <li>6. Enforcing laws and regulations that protect health and ensure safety.</li> <li>7. Linking people to needed personal health services and ensuring the provision of population-based health services.</li> <li>8. Assuring a competent public health workforce and effective public health leadership.</li> <li>9. Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.</li> <li>10. Researching for insights and innovative solutions to public health problems.</li> <li>11. Each County has Public Health Department that offers various health programs and tracking of communicable diseases. It appears many departments have an <b>Environmental Health</b> section as well.</li> <li>12. Environmental Health may have the ability to certify license of Hotels, Motels, etc.</li> </ol>
<b>What to Report:</b>	Under the California Code of Regulations, Title 17 (Section 2500), public health professionals, medical providers and others are mandated to report approximately 85 diseases or conditions to their local health department. Additionally, anyone in charge of any type of school is also

	required to report these diseases (Section 2508), as are Laboratories (Section 2505).
<b>Contact Information /Where to Report:</b>	See local Public Health Department
	http://www.cdph.ca.gov/services/Pages/LocalServices.aspx
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	Client can self-report, or the report can be made from an outside person or agency.
<b>Agency responsibility or what to expect:</b>	This varies from County to County. APS Workers may seek additional information or provide response to concerns
<b>APS responsibility or what to expect:</b>	Manual of Policies and Procedures (MPP) 33-110 .1 The adult protective services program is intended to provide intervention activities directed toward safeguarding the well-being of elders and dependent adults suffering from or at risk of abuse or neglect, including self-neglect.
<b>Legal citations, W&amp;I code or specific policy information:</b>	See above. MPP Case Management Services: 33-520 .114 To improve the client’s protection and quality of life by linking them with resources and services.
<b>Reporting Vehicle/Format:</b>	Phone, or web
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>Regional Center</b>
<b>Agency Description:</b>	The State of California has twenty one Regional Centers that provide specialized services for people with developmental disabilities. Assessment and diagnosis, counseling, family support, advocacy for legal protection and many more services are available for individuals and their families.
<b>What to Report:</b>	Potential alleged victim receives services in their residence paid by Regional Center or lives in a supportive living arrangement monitored by Regional Center.
<b>Contact Information /Where to Report:</b>	Contact the local Regional Center Intake to determine if a client is active to the Regional Center. Report concerns to the client’s Service Coordinator.
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No

<b>Agency responsibility or what to expect:</b>	Advocacy and support services for the client
<b>APS responsibility or what to expect:</b>	MDT and work collaboratively in support of the client
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	verbal
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>State Bar Association</b>	
<b>Agency Description:</b>	As an arm of the California Supreme Court, the State Bar investigates and prosecutes complaints against lawyers.	
<b>What to Report:</b>	A complaint will be filed if an attorney has acted inappropriately or unethically. To discuss concerns related to a case or to ask general questions, contact the State Bar of California at (800) 843-9053.	
<b>Contact Information /Where to Report:</b>	The completed complaint form must be mailed to: The State Bar of California Office of the Chief Trial Counsel/Intake 1149 South Hill Street Los Angeles, CA 90015	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	The client or client’s legal representative must complete and sign a California Attorney Complaint Form. The APS worker is permitted to assist the client or client’s legal representative with completing the complaint form. If the client or client’s legal representative is unable or unwilling to complete the complaint form, the APS worker can contact The State Bar of California if there is reason to suspect that the same alleged abuser(s) may victimize others.	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>		
<b>Legal citations, W&amp;I code or specific policy information:</b>		

<b>Reporting Vehicle/Format:</b>	The complaint form is available and can be downloaded from The State Bar of California website at: <a href="http://www.calbar.ca.gov/Attorneys/LawyerRegulation/FilingaComplaint.aspx">http://www.calbar.ca.gov/Attorneys/LawyerRegulation/FilingaComplaint.aspx</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>United States Postal Inspector</b>	
<b>Agency Description:</b>	<p>United States Postal Inspection Service As the primary law enforcement arm of the United States Postal Service, the United States Postal Inspection Service enforces federal laws in investigations of crimes that adversely affect or fraudulently use the United States Mail and postal system. Postal Inspectors work with United States Attorneys, law enforcement agencies, and local prosecutors to investigate postal cases and prepare them for court. The issues that they investigate include:</p> <ul style="list-style-type: none"> <li>• Mail Theft (mail that should have been received but was not, or that was received with the contents missing)</li> <li>• Mail Fraud (may include scams or deceptive ads such as mailed sweepstakes, lotteries, on-line work-at-home scams or chain letters, or postage fraud)</li> <li>• Identity Theft</li> <li>• Vandalism</li> <li>• Tampering (mail that was handled destructively)</li> <li>• False Change of Address</li> <li>• Unsolicited Sexually Oriented Advertising</li> </ul>	
<b>What to Report:</b>	A complaint will be filed if an elder or dependent adult appears to be a victim of any of the above-mentioned issues. To discuss concerns related to a case or to ask general questions, contact a representative of the United States Postal Inspection Service at (877) 876-2455.	
<b>Contact Information /Where to Report:</b>	<p>Must be submitted online or mailed to:                  United States Postal Inspection Service                  Criminal Investigations Service Center                  433 W. Harrison Street Room 3255                  Chicago, IL 60699-3255</p>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	<p>Complaints can be filed by calling the United States Postal Inspection Service or by completing a complaint form. The client or client’s legal representative must complete the complaint form. There is a variety of complaint forms; some are specific for the reporting of one type of issue while others extend the option to address only one of multiple issues. The APS worker is permitted to assist the client or the client’s legal representative with completing the complaint form. If the client or client’s legal representative is unable or unwilling to complete and submit a complaint form online, send it by mail, or file a complaint by</p>	

	phone, the APS worker can contact the United States Postal Inspection Service if there is reason to suspect that the same alleged abuser(s) may victimize others.
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Complaint forms are available and can be downloaded from the United States Postal Inspection Service website at: <a href="https://postalinspectors.uspis.gov/contactUs/filecomplaint.aspx">https://postalinspectors.uspis.gov/contactUs/filecomplaint.aspx</a>
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>United States Secret Service</b>
<b>Agency Description:</b>	<p>The United States Secret Service (Secret Service) is a federal law enforcement agency and is responsible for maintaining the integrity of the nation’s financial infrastructure and payments systems. The Secret Service constantly implements and evaluates prevention and response measures to guard against electronic crimes as well as other computer related fraud. Offenses investigated by the Secret Service include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Identity Crimes (Credit Card/Access Device Fraud, Check Fraud, Bank Fraud, False Identification Fraud, Passport/Visa Fraud, and Identity Theft)</li> <li>• Counterfeit and Fraudulent Identification</li> <li>• Computer Fraud</li> <li>• Forgery</li> <li>• Money Laundering</li> <li>• Electronic Benefits Transfer Fraud</li> <li>• Asset Forfeiture</li> <li>• Advance Fee Fraud</li> <li>• Fiduciary Fraud</li> </ul>
<b>What to Report:</b>	
<b>Contact Information /Where to Report:</b>	Start with local law enforcement

<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	No
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	<b>US Immigration and Customs Enforcement (ICE)</b>	
<b>Agency Description:</b>	<p>U.S. Immigration and Customs Enforcement is the principal investigative arm of the <a href="#">U.S. Department of Homeland Security (DHS)</a>. Created in 2003 through a merger of the investigative and interior enforcement elements of the U.S. Customs Service and the Immigration and Naturalization Service, ICE now has more than 20,000 employees in offices in all 50 states and 47 foreign countries.</p> <p>HSI investigates immigration crime, human rights violations and human smuggling, smuggling of narcotics, weapons and other types of contraband, financial crimes, cybercrime and export enforcement issues.</p>	
<b>What to Report:</b>	Possible cases of human rights violations, human smuggling, financial crimes and cybercrime.	
<b>Contact Information /Where to Report:</b>	<p>HIS Tip form:  <a href="http://www.ice.gov/exec/forms/hsi-tips/tips.asp">http://www.ice.gov/exec/forms/hsi-tips/tips.asp</a></p>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	yes	
<b>Agency responsibility or what to expect:</b>		
<b>APS responsibility or what to expect:</b>		
<b>Legal citations, W&amp;I code or specific policy information:</b>		

<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here) Sharing of information subject to approval of local County Counsel.

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<b>Agency Name:</b>	<b>Veterans Affairs (California Department of Veterans Affairs)</b>
<b>Agency Description:</b>	The California Department of Veterans Affairs (CalVet) works to serve California veterans and their families. With nearly 2 million veterans living in the State, CalVet strives to ensure that its veterans of every era and their families get the state and federal benefits and services they have earned and deserve as a result of selfless and honorable military service. CalVet strives to serve veterans and their families with dignity and compassion and to help them achieve their highest quality of life. CalVet offers a variety of services to honorably discharged veterans from residency in one of our state Veterans Homes to helping you purchase a home through our Farm and Home Loan program. This department also advocates for veterans, providing information and representation before the U.S. Department of Veterans Affairs. There are many services, benefits and preferences provided to you by the people of California as a way to honor your service.
<b>What to Report:</b>	Depending on the need of the Veteran client, there are a variety of services and programs that may be available. Check the website at <a href="https://www.calvet.ca.gov/VetServices">https://www.calvet.ca.gov/VetServices</a>
<b>Contact Information /Where to Report:</b>	<p>Some available resources contact information is below:</p> <p>Homeless 877-4(AID) (VET) / 877-424 3838</p> <p>West Los Angeles Medical Center 310-478-3711 (Directory of Services)</p> <p>Los Angeles Ambulatory Care Center 213-253-2677</p> <p>San Luis Obispo 805-543-1233</p> <p>Santa Maria 803-354-6000</p> <p>Santa Barbara 805-683-1491</p> <p>Oxnard 805-604-6960</p> <p>Bakersfield 661-632-1800</p> <p>National Suicide Crisis Line 800-273 TALK (8255)</p> <p>Veterans Service Center 888-823-9656</p> <p>VA Benefits Regional Offices 1-800-827-1000</p> <p>Health Care Benefits 1-877-222-8387</p> <p>VA Loma Linda Social Work Service at (909) 583-6071</p>

<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	yes
<b>Agency responsibility or what to expect:</b>	Varies by VA program and requirement
<b>APS responsibility or what to expect:</b>	Seek services and resources when appropriate for clients who are veterans.
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	Varies by VA program and requirement
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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<b>Agency Name:</b>	
<b>Agency Description:</b>	
<b>What to Report:</b>	
<b>Contact Information /Where to Report:</b>	
<b>Does client/authorized representative need to be involved in the referral/cross –report?</b>	
<b>Agency responsibility or what to expect:</b>	
<b>APS responsibility or what to expect:</b>	
<b>Legal citations, W&amp;I code or specific policy information:</b>	
<b>Reporting Vehicle/Format:</b>	
<b>County specific guidance:</b>	(Enter guidance specific to your county here)

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