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DEPARTMENT OF
CHILDREN AND FAMILIES
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ADULT PROTECTIVE SERVICES PROTECTIVE SUPERVISION PROGRAM

This operating procedure provides instructions for the provision of services through the Department of Children and Families, Adult Protective Services Supervision Program.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

KATHRYN WILLIAMS
Deputy Assistant Secretary for
Regional Operations

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

In paragraph 3-2e, changed the phrase “supportive services case” to read “protective supervision case.” The sentence “Once a court order has authorized protective supervision, the protective intervention case will immediately be closed, and a protective supervision case will be opened” was struck.

CONTENTS

Paragraph

Chapter 1 – OVERVIEW OF PROTECTIVE SUPERVISION

Statutory Authority.....1-1

General Program Requirements1-2

Program Services.....1-3

Chapter 2 – CLIENT ELIGIBILITY

Establishing Eligibility.....2-1

Change of Eligibility.....2-2

Chapter 3 – STAFFING

Transferring the Case from the Investigator to the Protective Supervision Counselor3-1

Staffing Requirements.....3-2

Required Documents3-3

Documentation of the Staffing.....3-4

Communication between the Investigator and the Protective Supervision Counselor.....3-5

Chapter 4 – CAPACITY TO CONSENT TO OR REFUSE SERVICES

Overview4-1

The Investigator’s Responsibility.....4-2

The Protective Supervision Counselor’s Responsibility4-3

Determining Capacity to Consent by the Protective Supervision Counselor4-4

Initiating the Protective Service Court Order.....4-5

The Hearing4-6

60-Day Follow-Up Hearing.....4-7

Termination of Court Ordered Supervision4-8

Chapter 5 – ASSESSING THE CLIENT

Purpose.....5-1

Definitions5-2

The Client Assessment.....5-3

Completing the Adult Protective Services Client Assessment Form (CF-AA 3019).....5-4

Protective Supervision In-Home Safety Assessment and
the Institutional Safety Assessment5-5

Completing the In-Home Safety Assessment5-6

Completing the Institutional Safety Assessment.....5-7

Chapter 6 – THE CASE PLAN

Purpose.....6-1

The Case Plan6-2

Reviewing the Case Plan.....6-3

Chapter 7 – CASE MANAGEMENT

Purpose.....7-1

Communication7-2

Confidentiality.....7-3

Time Standards.....7-4

On-Going Contacts with the Client.....7-5

Entering the Case in the Electronic Case Management System7-6

Client and Safety Assessments7-7

Case Plan.....7-8

Documenting All Case Related Activities7-9

The Opening Case Summary.....7-10

The Monthly Summary.....7-11

CONTENTS (continued)

Paragraph

The Closing Summary.....7-12
Maintaining Case Records.....7-13
Transferring a Case to Another Unit, County or Region7-14

Chapter 8 – TERMINATION OF PROTECTIVE SUPERVISION AND CASE CLOSURE

Conditions for Closure.....8-1
Ongoing Service Referrals8-2
Case Closure Activities8-3
When the Client Consents to In-Home Services8-4
When the Client Terminates All Services.....8-5
When Client Lacks Capacity to Consent.....8-6

Chapter 1

OVERVIEW OF PROTECTIVE SUPERVISION

1-1. Statutory Authority.

a. Protective Supervision is provided under the statutory authority of the Adult Protective Services Act, Chapter 415, Florida Statutes (F.S.). When the department determines through its investigation that a vulnerable adult (client) demonstrates the need for protective supervision, the department shall immediately provide, or arrange for, the provision of protective supervision. Protective supervision is defined as those services arranged or implemented by the department to protect vulnerable adults from further occurrences of abuse, neglect, exploitation, or self-neglect as defined in section 415.102, F.S.

b. Protective Supervision services may only be provided by staff of the Department of Children and Families. The Protective Investigative function and the Protective Supervision function should be handled by different units or at least by different persons.

c. The Protective Supervision counselor is charged with overseeing the provision of services determined to be necessary to reduce the risk of abuse, neglect, exploitation, or self-neglect.

1-2. General Program Requirements. Protective Supervision Program differs from other Adult Protective Services programs in that its goals must relate directly to the prevention of further abuse, neglect, exploitation, or self-neglect.

a. Per sections 415.105 and 415.1051, F.S., only an individual who has been identified as a victim in an Adult Protective Investigation can be referred to the Protective Supervision Program. The Adult Protective Investigator is responsible for determining the appropriateness of the referral and arranging the staffing.

b. Protective Supervision requires frequent and regular contact (as outlined in chapter 7 of this operating procedure) with the client who is a victim in an open investigation where there are some preliminary indicators that abuse, neglect, exploitation, or self-neglect has occurred or an investigation that has been closed with “verified” or “not substantiated” of abuse, neglect, exploitation, or self-neglect.

c. The Protective Supervision counselor arranges for and oversees the provision of services intended to prevent the further occurrence of abuse, neglect, or exploitation to ensure the services are provided consistently, timely, and as contracted.

d. Protective Supervision services are usually provided for a period of six months or less. Once the goals of Protective Supervision have been accomplished, the protective supervision case will be closed and opened to another service program component where responsibility is assumed for on-going services should those services be needed. In this instance, a new record is created in the electronic case management system. Documents from the Protective Supervision case can be included in the new case record.

1-3. Program Services.

a. Protective Supervision is a planned, documented activity involving:

(1) Clearly defined goals with specific objectives and time frames for accomplishing them.

(2) Prescribed schedule of contacts with the client.

(3) Provision, arrangement, and coordination of services as identified initially and during subsequent contacts.

(4) Monthly evaluations of the continued need for supervision.

b. The Protective Supervision Program is a component of the Adult Protective Services Act (Chapter 415, F.S.) which entitles Protective Supervision Program staff to all information relative to the investigation that is needed to protect the client from a recurrence of abuse, neglect, exploitation, or self-neglect.

(1) Protective Supervision Program staff is bound by confidentiality as mandated in Chapter 415, F.S.

(2) The Protective Supervision record is confidential.

(3) The Protective Supervision staff has access to the investigative record to obtain any information that may assist the Protective Supervision Counselor in identifying service needs and possible resources (section 415.107, F.S.).

c. Protective Supervision is the primary source of service delivery for those individuals who are in danger of continued abuse, neglect, exploitation, or self-neglect.

(1) The Protective Supervision Program cannot provide services when the adult protective investigation is closed with a "Not Substantiated" finding when there is an absence of evidence.

(2) When a Protective Supervision case is opened during an open investigation due to preliminary findings of "not substantiated", and the final report finds there is an absence of evidence to support that abuse, neglect, self-neglect or exploitation has occurred, the Protective Supervision case will be closed immediately.

(3) In situations described in paragraphs (1) and (2) above, the investigator or counselor may refer the client to other Adult Protective Service Programs such as Protective Intervention or in-home services (see CFOP140-2, Chapter 17 for procedures relating to other programs).

d. The specific services provided under Protective Supervision include, but are not limited to:

(1) Oversight.

(2) Case management.

(3) Counseling.

(4) Transportation.

(5) Escort.

(6) Consumer education and protection.

(7) Obtaining financial benefits.

(8) Arranging for in-home care or out-of-home placement.

(9) Securing medical and legal services.

Chapter 2

CLIENT ELIGIBILITY

2-1. Establishing Eligibility.

a. As provided in sections 415.105 and 415.1051, F.S., a vulnerable adult aged 18 and above is eligible for protective supervision when:

(1) The vulnerable adult is the victim in an open investigation with preliminary indicators that abuse, neglect, or exploitation has occurred; or,

(2) The vulnerable adult is the victim in an investigation being closed with a “verified” or “not substantiated” finding of abuse, neglect, exploitation, or self-neglect; and,

(3) The vulnerable adult is in need of services in order to protect the individual from further occurrences of abuse, neglect, exploitation, or self-neglect; and,

(4) The vulnerable adult of the report has the capacity to consent to protective supervision and consents to services; or,

(5) The vulnerable adult “lacks the capacity to consent to or refuse services” and a caregiver or guardian for the individual consents to services (see CFOP 140-2, Chapter 17, paragraph 17-6a(2)); or,

(6) The vulnerable adult “lacks the capacity to consent to or refuse services” and there is no guardian or caregiver available to give consent, and a court order is obtained authorizing the provision of protective services; or,

(7) The vulnerable adult’s legal guardian(s) or person(s) appointed by the court through Judicial incapacity proceedings consents to services on behalf of the vulnerable adult.

b. An individual identified in the report as the alleged perpetrator of the abuse, neglect, or exploitation may be authorized to consent to services for the victim (section 415.1051(4)(a), F.S.) as determined to be appropriate by the investigative staff. Lacking this alternative, a court order for protective services must be obtained.

c. A vulnerable adult is eligible for protective supervision regardless of the individual’s financial situation. This lack of financial eligibility determination is referred to as “without regard to income.”

2-2. Change of Eligibility. The investigator may close a case with “Not Substantiated” finding because the investigation did not support the allegations and this client may need services in order to remain safely in his/her living environment. The Protective Supervision Counselor can refer the client to other services programs as appropriate.

Chapter 3

STAFFING

3-1. Transferring the Case from the Investigator to the Protective Supervision Counselor. Staffing the case is the first activity in accepting a protective supervision case. A staffing involves all those individuals whose purpose is to identify those tasks necessary to prevent further occurrence of abuse, neglect, exploitation, or self-neglect. The individuals assuming responsibility for certain tasks are identified during the staffing.

3-2. Staffing Requirements.

a. A staffing is required for all cases referred to protective supervision within three (3) working days of the referral to the Protective Services Unit. The staffing includes the Protective Investigator and his/her supervisor and the Protective Supervision Supervisor and the Protective Supervision Counselor if the case has already been assigned.

b. The Protective Investigations coordinates with the Human Services Counselor to scheduling the case staffing. The staffing may be conducted face to face or by telephone conference.

c. At the case staffing, participants are required to:

(1) Determine the appropriateness of the referral for protective supervision.

(2) Identify and prioritize the client's needs and problems.

(3) Identify any barriers to solving those problems.

(4) Determine potential solutions to mitigate the barriers.

(5) Determine what services will meet the client's needs.

(6) Share information.

(7) Develop a preliminary case plan that meets the immediate needs of the client and prevents the further occurrence of abuse, neglect, exploitation, or self-neglect.

(8) Identify the person or persons responsible for each task identified in the preliminary case plan utilizing form CF-AA 1099 (available in DCF Forms) at the staffing.

d. Upon agreement that Protective Supervision is the appropriate referral, the Protective Supervision Counselor should be identified and assigned the case no later than close of business the first working day after the staffing.

e. Immediately following a staffing for court ordered protective supervision and pending a court order, the counselor will open a protective supervision case in the adult protective services electronic case management system (see CFOP 140-4, Chapter 3).

3-3. Required Documents.

a. No later than the day of staffing, the Protective Investigator is required to provide documentation supporting the referral to protective supervision as well as information about the client to assist the Protective Supervision Counselor in providing the best possible case management.

b. The staffing packet must include:

- (1) The referral form (CF-AA 1099); and,
- (2) The Adult Safety Assessment from the electronic case management system; and,
- (3) The Capacity to Consent to or Refuse Services Assessment; and,
- (4) The Confidential Release of Information (CF-AA 1113); and,
- (5) The Provision of Voluntary Adult Protective Services (CF-AA 1112); or,
- (6) The petition or court order to provide protective supervision; and,

(7) The case notes from the electronic case management system will be made available to the Human Services Counselor, along with the following information:

(a) The victim's eligibility for Protective Supervision.

(b) A copy of the Preliminary Investigative Decision Report that documents the preliminary findings indicating that abuse, neglect, exploitation, or self-neglect has occurred.

(c) Health Insurance Portability and Accountability Act (HIPPA) receipt.

(d) The investigators observations of the victim's physical appearance.

(e) Any visible injuries.

(f) A list of the prescribed medications and over the counter drugs the client is taking.

(8) Any other supporting documents to assist the Protective Supervision counselor in the performance of her/his duties.

3-4. Documentation of the Staffing. The staffing is documented in detail in the case narrative. The Protective Supervision Counselor includes in her/his narrative the participants, how the staffing was conducted, discussion of the appropriateness of the case for protective supervision, agreement on the services needed to prevent the recurrence of abuse, neglect, exploitation, or self-neglect and any other pertinent information.

3-5. Communication Between the Investigator and the Protective Supervision Counselor. The Investigator and Protective Supervision Counselor continue to communicate about the case after the staffing.

a. The Investigator keeps the Protective Supervision Counselor apprised of any changes in the client's situation that are identified prior to closure of the investigative case.

b. The Protective Supervision Counselor informs the Investigator of any changes in the client's situation that may affect the outcome of the investigation.

c. Upon closure of the investigation, the Adult Protective Investigator provides notification of the investigative case closure and provides the final investigative decision summary to the Human Services Counselor or Supervisor.

d. Prior to the Protective Supervision Counselor initiating a new report of abuse, neglect, exploitation, or self-neglect, she/he informs the Protective Investigation Supervisor of the situation involving the client that may require a report to the Abuse Hotline. If the investigative report is still open, the new allegations may be added and addressed by the Protective Investigator. If the investigative report is already closed, the Protective Services Counselor must contact the Florida Abuse Hotline to initiate a new report.

Chapter 4

CAPACITY TO CONSENT TO OR REFUSE SERVICES

4-1. Overview. The capacity to consent to or refuse services is defined as having sufficient understanding to make and communicate responsible decisions regarding person or property, including whether or not to accept protective services offered by the department [section 415.102(4), F.S.]. An important element of the capacity to consent is the understanding of the consequences of one's choices.

4-2. The Investigator's Responsibility.

a. During an open investigation, the Investigator is responsible for determining the victim's ability to make responsible decisions about his or her life choices.

b. The Investigator determines whether the victim can articulate the potential consequences of remaining in the current situation. If the victim can tell the Investigator the possible dangers and is willing to accept them, the victim probably has capacity to consent to or refuse services. If the victim cannot tell the Investigator what the potential dangers are, usually the victim lacks the capacity to consent to or refuse services.

4-3. The Protective Supervision Counselor's Responsibility.

a. When the client has the capacity to consent, and gives consent to services, the Protective Supervision Counselor, as an agent of the department, is to provide voluntary protective supervision and arrange for any services, including in-home services (section 415.105, F.S.).

b. The client who has the capacity to consent may elect to refuse some services needed to prevent the recurrence of abuse, neglect, exploitation, or self-neglect. In this case, the Protective Supervision Counselor notes this under "Barriers" on the case plan. (See Chapter 6, Case Planning, of this operating procedure.)

c. The client who has the capacity to consent and who can demonstrate or articulate knowledge of the potential consequences of terminating all services needed to prevent abuse, neglect, or exploitation can withdraw consent for services at any time. In this situation, the Protective Supervision Counselor will request the client sign a refusal of services form using the Provision of Voluntary Services, form CF-AA 1112 (available in DCF Forms). If consent for services is withdrawn, the Protective Supervision Counselor cannot continue Protective Supervision.

d. If the Protective Supervision Counselor determines at any point in the case that the client's capacity to consent has diminished and the client is in need of continued services to prevent the recurrence of abuse, neglect, or exploitation, the Protective Supervision Counselor will begin the process for obtaining court ordered Protective Supervision as detailed in paragraph 4-5 of this operating procedure.

4-4. Determining Capacity to Consent by the Protective Supervision Counselor.

a. Section 415.102(15), F.S., defines the lack of capacity to consent as "a mental impairment that causes a vulnerable adult to lack sufficient understanding or capacity to make or communicate responsible decisions concerning person or property, including whether or not to accept protective supervision."

b. On occasion, a Protective Supervision Counselor may witness the client's mental deterioration, causing the Protective Supervision Counselor to question whether or not the client

continues to have the capacity to consent to Protective Supervision. Should this situation occur, the Protective Supervision Counselor will assess the client's capacity to consent to or refuse services (as outlined in CFOP 140-2, Chapter 11). If there is an open investigation, the counselor will immediately notify the assigned investigator to request a capacity to consent re-assessment. If there is no active investigation, it is recommended that the Protective Services Counselor solicit the Registered Nurse Specialist in Adult Protective Services or medical/psychological professional to assess the client's capacity to consent to or refuse services in the event the Counselor is unable to convincingly establish the client's capacity to consent or refuse services.

4-5. Initiating the Protective Services Court Order (sections 415.1051(1)(a) and (b), F.S.).

a. If the Protective Supervision Counselor discovers that a client whose capacity to consent is no longer assured and which places the client at imminent risk of serious injury or death, the Protective Supervision Counselor will make a new report to the Abuse Hotline and notify both the Protective Supervision Supervisor and the Protective Investigations Supervisor of the new report.

b. In situations where there is no imminent risk to the client, who now lacks the capacity to consent to or refuse services, the Protective Supervision Counselor will petition the court for an order to continue Protective Supervision.

c. Chapter 415, F.S., requires the department to petition the court for an order authorizing the provision of protective supervision when the client no longer has the capacity to consent to or refuse services. If after completing the Capacity to Consent Assessment, the Protective Supervision Counselor has reasonable cause to believe that the client who is receiving voluntary services no longer has the capacity to consent, he/she will staff the case with the Protective Supervision Supervisor.

d. The Protective Supervision Counselor and Supervisor will consult with legal counsel prior to initiating court proceedings.

e. A non-emergency protective supervision petition must state:

(1) The name, age, and address of the client.

(2) The services the client is currently receiving, any additional services that are needed, and the case management responsibilities and case coordination role of Protective Supervision.

(3) Specific facts to sufficiently show that the client needs continued Protective Supervision to ensure her/his safety and well-being.

(4) That the client suffered from the occurrence of abuse, neglect, or exploitation which necessitated the initiation of Voluntary Protective Services; however, the client now lacks the capacity to consent to Voluntary Protective Services.

f. In accordance with Chapter 415, Florida Statutes, a notice of the filing of the petition and a copy of the petition must be given to the vulnerable adult, to that person's spouse, guardian, and legal counsel, and when known, to the adult children or next of kin of the vulnerable adult. This notice must be provided at least five (5) days before the hearing.

g. In-home services will continue during the petition process.

4-6. The Hearing (sections 415.1051(1)(c) and (d), F.S.).

a. The court will schedule the hearing within 14 days of the petition. Anyone, including the vulnerable adult, given notice of the hearing has the right to attend. The department must make reasonable effort to ensure that the vulnerable adult is present at the hearing.

b. The vulnerable adult has the right to legal counsel and the court will appoint counsel to represent the vulnerable adult who is without legal representation.

c. The court will determine whether Protective Services, including in-home services, are necessary, and whether the vulnerable adult lacks the capacity to consent to the provision of those services.

d. If the court finds by a preponderance of evidence that the vulnerable adult is in need of Protective Services AND lacks the capacity to consent, the court may issue an order authorizing the provision of Protective Services. If the court does issue an order for protective services, it must include a statement of the services to be provided and designate an individual or agency to be responsible for performing or obtaining the essential services on behalf of the vulnerable adult, or otherwise consenting to Protective Services on behalf of the vulnerable adult.

e. In ordering Protective Supervision, the court must adhere to the following limitations:

(1) Only such Protective Services as are necessary to ameliorate the conditions creating the abuse, neglect, or exploitation may be ordered, and the court shall specifically designate the approved services in the order of the court.

(2) Court ordered Protective Services may not include a change of residence, unless the court specifically finds such action is necessary to ameliorate the conditions creating the abuse, neglect, or exploitation and the court gives specific approval for such action in the order. Placement may be made to such facilities as adult family-care homes, assisted living facilities, nursing homes, or to other appropriate facilities. Placement may not be made to facilities for the acutely mentally ill, except as provided in Chapter 394, F.S.

(3) If an order to continue Protective Services is issued, it must include the designation of an individual or agency to be responsible for performing or obtaining the essential services on behalf of the client (sections 415.1051(3)(a), (b), and (c), F.S.).

f. If the court does not issue an order for continuing Protective Supervision, the Protective Supervision case must be closed.

4-7. 60-Day Follow-Up Hearing (section 415.1051(e), F.S.).

a. No more than 60 days after the court order authorizing the provision of Protective Services is issued by the court, the department shall petition the court to determine whether:

(1) Protective Services will be continued for the client who lacks capacity.

(2) Protective Services will be continued for the client who lacks capacity to give or refuse consent.

(3) A petition for guardianship should be filed pursuant to Chapter 744, F.S. If the court determines that a petition for guardianship should be filed, the court may order continued Protective Services until it determines incapacity and guardianship.

b. If the court orders that a petition for guardianship proceedings be filed, the Protective Supervision Counselor, through legal counsel, must request the court to grant an extension for the provision of Protective Supervision to allow service delivery to continue while the guardianship proceedings are pending.

4-8. Termination of Court Ordered Supervision. The department will generally file for a termination of court ordered supervision under the following circumstances:

- a. Client is in a safe location and receiving appropriate services.
- b. A guardian has been appointed for the client.
- c. Client regains capacity to consent through nutritional and/or medical intervention.
- d. Client dies during the court ordered Protective Supervision.

Chapter 5

ASSESSING THE CLIENT

5-1. Purpose. This chapter discusses general aspects of assessing a client's needs and strengths through the completion of the Client Assessment (form CF-AA 3019, available in DCF Forms) and the Adult Safety Assessment. The specifics of each assessment are outlined in this chapter.

5-2. Definitions.

a. Assessment is a comprehensive process that examines the client's presenting problem(s), the current health and functional capabilities of the client, an analysis of the client's support system, and an evaluation of other factors that may impact the client's safety and well-being.

b. The Protective Supervision Counselor uses the Adult Protective Services Client Assessment (form CF-AA 3019) to assist in the evaluation of the client's current health, medical treatments and therapies, medications, nutrition, functioning, support system, overall safety, and well-being.

c. The Protective Supervision Counselor uses the In-Home Adult Safety Assessment or the Institutional Safety Assessment to assess specific safety factors relating to harm, injury, or loss to the client who is the subject of a report of abuse, neglect, exploitation, or self-neglect. Risk and safety also relate to the potential for harm, injury, or loss to the client. Typically, the risk to which a victim is exposed is not due to one safety factor, but, rather to a variety of interrelated factors occurring simultaneously in abuse, neglect, exploitation, or self-neglect situations. Such factors include, but are not limited to, the client's age, physical or mental health, functional abilities, living conditions, and numerous other variables.

5-3. The Client Assessment. The Protective Supervision Counselor assesses not only the client's immediate needs identified by the Investigator to mitigate the risk of continued abuse, neglect, or exploitation but also immediate needs not identified by the Investigator and the client's on-going and long-range service needs.

a. Objectives. Objectives of the assessment are to:

- (1) Identify the client's problems and strengths.
- (2) Identify the client's health and functional capabilities.
- (3) Determine the client's needs, strengths, limitations, capacity to cope with her/his problems, and her/his motivation.
- (4) Identify the external systems impacting the client that may need to be strengthened, mobilized, or developed.
- (5) Provide a foundation for a plan of intervention that addresses the client's needs.

b. Sources of Information.

- (1) Background documentation and other types of client identification provide documentation of the name, address, and other client demographic information.
- (2) Interviews with the client allow the Protective Supervision Counselor to pose specific and open-ended questions to the client in order to obtain useful information.

(3) Frequently, the client conveys her/his feelings through nonverbal acts such as facial expressions, gestures, or body movement and the Protective Supervision counselor must be alert to these nonverbal cues.

(4) Observing how the client behaves when interacting with others can provide information about the client's relationships with others. For example, a talkative elderly client who becomes quiet when her/his adult child enters the room may suggest that the client is fearful of that individual.

(5) Talking to the client's family members, friends, or service providers can provide useful information about the client. In cases where the client appears to have a cognitive impairment, the Protective Supervision Counselor may be totally dependent on others to obtain information.

(6) Psychological tests provide information about the mental functioning of the client.

(7) Utilizing experiences gained from working with other individuals can be helpful in conducting assessments. Although clients must be viewed as individuals, professional experience can be used to determine patterns or similarities in certain situations.

5-4. Completing the Adult Protective Services Client Assessment Form (CF-AA 3019, available in DCF Forms).

a. Protective Supervision Counselors use the APS Client Assessment form to collect uniform and organized information. The completion of the assessment form allows the Protective Supervision Counselor to evaluate the client's current health, functioning, support system, overall safety, and well-being. The outcome of the completed client assessment provides the Protective Supervision Counselor with information to assist in determining the client's needs and the provider frequency, and duration of services necessary to meet these needs. This information is then used to develop a Case Plan (CF-AA 1101) that is best suited to the client receiving services.

b. When completing the APS Client Assessment form, the Protective Supervision counselor must:

(1) Determine what services the client is currently receiving.

(2) Determine what services the client has previously received.

(3) Be familiar with the services available in the area in which the client lives.

(4) Involve the client and/or legal guardian/caregiver in making decisions regarding services.

c. Listed below are the main sections of the Adult Protective Services Client Assessment.

(1) Health Assessment. This section assesses whether the client is experiencing health problems. This section also examines whether the client is receiving proper medications, medical care, and maintaining a healthy nutritional status

(2) Functional Assessment. This section determines the client's ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). This information is useful for determining the level of assistance the client may need to perform everyday activities.

(3) Client Support Assessment. This section works in conjunction with the functional assessment to assess the client's formal and informal support systems, and whether they are sufficient to assist the client in completing ADLs and IADLs.

(4) Environmental Assessment. This section evaluates the client's physical environment for safety and accessibility. Professional observation, direct questioning, and professional judgment are used in determining the score.

(5) Cognitive Assessment. This section addresses the client who is suspected of having difficulty with cognitive functioning.

(6) Mental health/substance abuse assessment. This section assesses the mental health, emotional well-being, memory, and use of alcohol/substances of clients with indications of mental health/substance abuse problems. The purpose of this evaluation is to assess the client for appropriate professional treatment in an effort to keep the client safe from harming him/herself or others.

(7) Caregiver assessment. This section evaluates the level of hardship that is placed on the individual responsible for the care of the client. This assessment enables the Protective Supervision Counselor to determine whether alternative plans are necessary to ensure the well-being of the client and the caregiver.

d. Completion of the Adult Protective Services Client Assessment (form CF-AA 3019, available in DCF Forms) must be in accordance with departmental policies and guidelines. Preliminary requirements for completing the Adult Protective Services Client Assessment form are outlined below.

(1) An Adult Protective Services Client Assessment is completed for all clients receiving Protective Supervision services. It is completed at the initial face-to-face meeting with the client. It should be completed at the client's residence (home or facility) with the client, family members, and/or other significant individuals. This allows the Protective Supervision Counselor to evaluate the client's living environment, social situation, physical and emotional endurance, resilience, adaptability, and attitude toward in-home services or out-of-home placement.

(2) The assessment is a continuous process as the Protective Supervision Counselor documents changes in the client's situation and service needs. The Protective Supervision Counselor should always be alert to the client's new and changing services needs.

(3) Information from other service providers is obtained with written authorization from the client. The Confidential Release of Information (CF-AA 1113) is the written authorization used for all Adult Protective Services cases.

(4) The initial client assessment should be documented in the opening narrative. Any changes should be noted in field notes and summarized in the next monthly narrative.

(5) Significant changes in the client's situation require a new Client Assessment form. These include, but are not limited to, changes in the client's residence, changes in the household composition, or changes in client's or caregiver's the physical or mental abilities.

(6) All completed Adult Protective Services Client Assessments are filed in the Protective Supervision record in the electronic case management system.

5-5. Protective Supervision In-Home Safety Assessment and Institutional Safety Assessment.

a. The safety assessment is the evaluation of specific factors relating to the risk of harm, injury, or loss to a client who is the subject of a report of abuse, neglect, exploitation, or self-neglect. Safety/risk also relates to the potential for harm, injury, or loss. The safety assessment should be completed and in the electronic case record within five (5) working days of the initial face to face contact with the client.

b. Typically, the risk to which a client is exposed is not due to one factor but to a variety of factors occurring simultaneously. Such factors include, but are not limited to, the client's age, physical and mental health, functional abilities, living conditions, and various actions of others performed on behalf of or against the client.

c. Once the client is referred for Protective Supervision, the Counselor is required to complete a risk assessment independent of the Investigator.

d. The In-Home or Institutional Adult Safety Assessment is the standardized form used to record the assessment of each client's risk level. A comprehensive safety assessment documents the risk factors that justify the decision to provide or not to provide services to a client.

e. Risk is determined by completing a checklist of factors that determine whether there is harm or risk of further harm to a client or other persons in the client's environment. There are five categories of factors. Each completed In-Home or Institutional Safety Assessment should include a statement of risk level and overall summary of risk to the client.

(1) High risk may constitute a real danger to the client if nothing is done to change the situation. The risk assessment helps determine if the client needs services to reduce or eliminate the risk of further harm. If the client is at high risk, the counselor should have an immediate staffing with the Protective Supervision Supervisor.

(2) The level of risk is assigned for each category and/or factor.

5-6. Completing the In-Home Safety Assessment.

a. This assessment evaluates the situation of a client who remains in the community, either in her/his own home or the home of a relative or friend.

b. The categories and their factors are:

(1) Client Factors.

(a) Age is 75 or older.

(b) Has the capacity to consent to or refuse services.

(c) Availability of a support system.

(d) Relationship with alleged perpetrator (fearful or protective of).

(e) Client's need for immediate medical care.

(f) Physical/mental/behavioral limitations that increase risk.

(g) Limitations of activities of daily living (ADLs).

- (h) Limitations of functional ability.
- (i) Requires adaptive equipment.
- (j) Residence poses special conditions or hazards that increase risk.
- (k) Appropriateness of the living situation.
- (l) Report involves the death of anyone as a result of abuse or neglect.

(2) Service Needs Assessment.

- (a) The client/caregiver agree to services.
- (b) Services are currently available.
- (c) Transportation is unreliable or unavailable.
- (d) Adequacy of financial resources.
- (e) Availability of insurance for medical needs.

(3) Alleged Perpetrator Factors.

- (a) Responsible for the death of another adult or child.
- (b) Has unrestricted access to the client.
- (c) Describes or acts toward the victim in negative terms or has unrealistic expectations.
- (d) Fails to provide or arrange adequate medical care for client.
- (e) Limits victim's access to the community and others cannot observe the condition of the client.
- (f) Physical or mental limitations that affects the ability to provide care.
- (g) Is financially dependent on client.
- (h) Has chronic substance abuse or alcohol problems.
- (i) On-going pattern of violence, abuse, neglect, or exploitation

5-7. Completing the Institutional Safety Assessment.

a. This assessment evaluates the situation of a client residing in an assisted living facility, adult family care home, skilled nursing facility or living arrangement that meets the definition of facility in section 415.102(8), F.S. The first section on victim/client safety factors and the second section of alleged perpetrator factors are identical to the corresponding sections on the Protective Supervision Safety Assessment.

b. Facility Factors.

- (1) Fails to provide or arrange supervision, medical care, or services.

(2) Residence poses special problems or hazardous conditions that place the client at risk.

(3) Financial mismanagement that threatens the client’s health, safety, and well-being.

(4) Any relevant licensure violations or an intake of abuse, neglect, or exploitation with “not substantiated” or “verified” findings.

(5) Staff allows or fails to protect the client from unacceptable behavior or physical abuse by staff or other residents.

(6) Intake involves the death of any person as a result of abuse or neglect.

c. The Protective Supervision Safety Assessment and Institutional Safety Assessment are checklists of factors that the Protective Supervision Counselor looks for to determine whether there is harm or immediate risk of further harm to clients or other persons in the client’s environment. Each section is completed by assessing only the statements in that section and how the information obtained by the counselor impact the safety of the client.

d. The safety assessment helps the Protective Supervision Counselor determines if the client needs services to reduce or eliminate the risk of further harm. Identified service needs to reduce risk are recorded in Safety Actions, Section “D.”

e. A Safety Assessment is completed at the initial service assessment, the 6-month evaluation of the need for continued protective services, at any time the client’s situation changes, and at the time of closure.

f. The Counselor signs and dates each assessment. The Protective Supervision Supervisor reviews each area of the assessment, signing and dating the review. The Supervisor is responsible for judging the adequacy of the Counselor’s safety assessment.

g. Response Categories. There are three possible responses for each safety factor.

Y – Yes	A factor applies to the client you are assessing. Requires comments to explain what evidence supports that category.
N – No	If the factor does not apply. Requires a comment when there is information pertinent to the case.
U – Unknown	If you can’t determine if the factor applies; however, all unknown responses must be resolved or an explanation as to why it remains unknown entered under comments. New information must be updated when it is obtained.

h. At updates and closure, the Protective Supervision Counselor must enter the appropriate response category (Y, N, U); if the category has not changed and no other information applies to that factor, additional comments are not necessary. If new information is available or the response category has changed, additional comments are required.

i. Answers may be brief but must include sufficient information to address the factor and support the chosen response category. Answers need not be in grammatically complete sentences but must contain complete thoughts and explain how the factors contribute to the risk.

Chapter 6

THE CASE PLAN

6-1. Purpose. This chapter discusses case plan development (CF-AA 1101). The Protective Supervision Counselor uses this form to plan services that will prevent further abuse, neglect, or exploitation.

a. Case plans direct the Counselor in arranging or providing services and determining when a client's needs are being met. Case plans provide a road map for the Counselor in protecting the client.

b. The case plan differs from a care plan in that the case plan is time limited, lists all the client's service needs and any barriers to providing for those service needs. A client with the capacity to consent may refuse specifically identified service needs, and the client's refusal should be listed as a barrier in the case plan.

c. In addition, the court may order services be provided for a client who lacks the capacity to consent. All court ordered services must be included in the case plan.

6-2. The Case Plan. Each Voluntary Protective Supervision case must have a case plan that is complete, current, and signed by the client or her/his responsible party, the Protective Supervision Counselor and his/her supervisor. Clients who are receiving court ordered Protective Services may not have a client signature on the case plan.

a. The Protective Supervision Counselor must ensure that the development of the case plan allows for maximum client participation and use of the client's own resources as much as possible. The emphasis of case planning is in doing with the client, not for the client.

b. Case plans must include:

(1) The role of the Protective Supervision Counselor in providing case management, and at a minimum, every 14 days contact with the client adult.

(2) All identified service needs of the client.

(3) The barriers to meeting the service needs.

(4) The services that will be required (including case management), the frequency of service provision, the duration or length of time the service will be needed, and the person or service provider who will be responsible for providing the services.

(5) Date a service need is resolved.

c. The case plan incorporates information received from the Investigator at the staffing, the Client Assessment and the In-Home Safety Assessment, or the Institutional Safety Assessment, and information obtained during contacts with the client and/or caregiver. The Protective Supervision Counselor is constantly aware of the client's changing service needs.

d. The case plan is comprehensive, individualized and includes all the client's service needs. When the service need is met by another individual or when the service need is not available or there is a waiting list, this information will be noted on the case plan.

(1) Formal and informal services are included on the case plan.

(2) Service needs that are the responsibility of the client or the caregiver are included on the case plan.

(3) The case plan documents and clarifies what individual or agency is responsible for providing specific services to the client.

(4) As service needs are resolved, the date of the service need resolution is entered on the case plan.

e. The case plan should clearly provide all persons involved with an understanding of what is to be accomplished, to provide a basis on which to evaluate client progress, and to provide a basis on which to determine the effectiveness of the services provided.

6-3. Reviewing the Case Plan. The Protective Supervision Counselor reviews the case plan while the Protective Supervision case remains open. The case plan is amended as the client's situation changes.

a. The Protective Supervision Counselor and Supervisor must clearly initial and date any amendments each time the case plan is amended.

b. The Protective Supervision Counselor completes a new case plan at six-month intervals as long as the case remains open. The client or his/her responsible party, the Protective Supervision Counselor and his/her supervisor sign each new case plan.

(1) If the client is unable to sign the document, the Protective Supervision Counselor notes this on the case plan.

(2) If the client signs the case plan with a mark, a witness must sign attesting to the mark. The Protective Supervision Counselor may act as witness.

(3) If the client is unable to sign and his/her responsible party is not available to sign the case plan when it is completed, the Protective Supervision Counselor will note the situation in the case record. The Protective Supervision Counselor will make every effort to have the case plan signed by either the client or his/her responsible party as soon as possible.

(4) If the client refuses to sign the case plan, the Protective Supervision Counselor documents the refusal on the case plan, including, when known, the client's explanation for refusing to sign. When the client refuses to sign, the Protective Supervision Counselor may need to re-evaluate the client's capacity to consent or in closing the case.

c. Services that have been resolved or are no longer needed are not included on subsequent case plans unless the service is needed later.

Chapter 7

CASE MANAGEMENT

7-1. Purpose. This chapter provides the detailed responsibilities of case management for Protective Supervision including communication, confidentiality, time standards for completion of activities, required client contacts, documentation of all case related activities, and maintenance of case records. Once the case is accepted for Protective Supervision, the Protective Supervision Counselor assumes primary responsibility for case management.

7-2. Communication. The Protective Supervision Counselor is responsible for maintaining communication with the investigative unit, the Protective Supervision Supervisor, and any agency delivering services, as appropriate.

a. The Protective Intervention case can be opened to assist the investigator in lowering the risk once the initial staffing with services has been completed. The Human Services Counselor can visit the client once the protective intervention case has been opened. If a protective supervision petition is denied in court, the protective intervention case will be updated to reflect the petition has been denied and the protective intervention case will be immediately closed.

b. While the adult protective investigation case remains open, the Protective Supervision Counselor will notify the Investigator and the Protective Supervision Supervisor of any recurrence of abuse, neglect, exploitation, or self-neglect or any other incident or situation that impacts the safety of the client.

c. The Adult Protective Investigator or her/his supervisor is responsible for notifying the Protective Supervision unit that the investigation is closed and the status of the closure. The Investigator will provide to the Protective Supervision Counselor a copy of the final report and the Notification of Conclusion of Investigation letter. If the investigation is closed with a "Not Substantiated" finding and there is an absence of evidence to support that abuse, neglect, self-neglect or exploitation has occurred, the Protective Supervision case must be closed immediately, and the investigation unit notified.

d. After the adult protective investigation case is closed with a "Not Substantiated" finding in which there is some credible evidence to support the allegations or closed with "Verified" findings of abuse, neglect, exploitation, or self-neglect, if the Counselor becomes aware of new allegations of abuse, neglect, exploitation, or self-neglect, the Counselor will immediately report it to the Florida Abuse Hotline. The supervisor or Protective Supervision Counselor will notify the investigation unit of the new report.

e. The Protective Supervision Counselor will maintain close communication with her/his supervisor about the case as long as the case is open.

f. The Protective Supervision Supervisor will review each case with the Protective Supervision Counselor at a minimum monthly if the case is open. This can be in scheduled formal staffing sessions or during regular contact with the Protective Supervision Counselor as the case progresses.

g. Prior to closing the case, the Protective Supervision Counselor will staff the case with the supervisor.

7-3. Confidentiality. In order to protect the rights of the individual or other persons responsible for the welfare of a client, all records concerning reports of abuse, neglect, exploitation, or self-neglect of the

client, including reports made to the Florida Abuse Hotline, and all records generated as a result of such reports shall be confidential. (Section 415.107 (1), F.S.)

a. Access to all records, excluding the name of the reporter, shall be granted only as outlined in section 415.107, F.S.

b. The Protective Supervision Supervisor or Protective Supervision Counselor refers all questions regarding confidentiality or requests for copies of the record to the department’s legal staff.

7-4. Time Standards. The Protective Supervision Supervisor and Protective Supervision Counselor are responsible for accomplishing activities within a specified time-period.

a. Opening the Case.

(1) The Protective Supervision Supervisor assigns the Protective Supervision case to a Protective Supervision Counselor within one working day of the staffing if the case is accepted for Protective Supervision. (See chart below for two staffing examples.)

Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Staffing 1	Assign 1			Staffing 2	
	Holiday	Assign 2				

(2) The Protective Supervision case is opened on the staffing date, which is also the case acceptance date.

(3) If there is a question about the appropriateness of the case for Protective Supervision, the date the Protective Supervision Supervisor accepts the case for protective supervision is the date the case is opened.

(a) In those instances when there is disagreement as to the appropriateness of Protective Supervision, the supervisor will refer the case to the Operations Program Administrator for resolution.

(b) In those rare instances when resolution cannot be reached at this level, the Region Adult Protective Services Program Office is responsible for resolving the situation.

b. Initial Contact.

(1) The Protective Supervision Counselor makes the initial face-to-face visit with the client within 3 working days of the staffing. (See chart below for two examples.)

Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Staffing 1	Assign 1		Initial Contact 1	Staffing 2	
	Holiday	Assign 2		Initial Contact 2		

(2) The Protective Supervision Counselor may make telephone contact with the client prior to the initial face-to-face to establish an appointment time; however, the Protective Supervision Counselor is required to complete a face-to-face contact with the client within three (3) working days.

(3) If the Protective Supervision Counselor is unable to establish face-to-face contact with the client within three (3) working days, the Protective Supervision Counselor will immediately notify the investigator and Protective Supervision Supervisor. The Investigator, Investigative

Supervisor, Protective Supervision Supervisor, and Protective Supervision Counselor will re-staff the case to determine the best course of action.

7-5. Ongoing Contacts with the Client.

a. The Protective Supervision Counselor will make contact once every 14 days with the client for the duration of the case, except as stated in paragraph c below. Contact should be face-to-face. If appropriate, alternating contacts may be by telephone if the client has capacity to consent and is able to verbalize the details of their situation. The level of contact with the client is dependent on the service needs of the client or assessed risk level. More frequent contacts may be necessary.

b. The Protective Supervision Counselor continues contacts **every 14 days** with the client when the client is in an alternate placement, hospital, nursing home, etc.

c. Once the client is placed in a licensed facility, the assessment is low risk, and a petition for termination of Protective Services has been filed, the Protective Supervision Counselor is only required to make monthly face-to-face contacts with the client.

d. In all cases where Protective Supervision is court ordered, if the court orders contact more frequently than that outlined in this operating procedure, the Counselor will comply with the court ordered frequency of contacts

7-6. Entering the Case in the Electronic Case Management System.

a. The Protective Supervision Counselor will establish the case in the current electronic case management system within five (5) working days of accepting the case.

b. The Protective Supervision Counselor will complete all updates to the electronic system within five (5) working days of the action or change in the client's situation.

7-7. Client and Safety Assessments.

a. The Client Assessment is completed during the initial interview as the Protective Supervision Counselor conducts the initial assessment of the client. The Protective Supervision Counselor signs and dates the assessment, completing the sections on cognitive status, mental health and substance abuse history, and caregiver when appropriate.

(1) The Client Assessment is updated as the client's situation improves, deteriorates, or additional services are identified.

(2) All modifications to the Client Assessment will require the Protective Supervision Counselor to clearly initial and date the changes or complete a new Client Assessment.

b. The In-Home or Institutional Safety Assessments are completed during the initial interview or immediately afterwards.

(1) The Protective Supervision Counselor will, at a minimum, update the Safety Assessment at the initial face-to-face, every six (6) months, prior to case closure, and when any significant change occurs in the client's situation while the case is open.

(2) Some examples of significant change include (but are not limited to): a change in physical residence, change in household composition, change in the client's health, mental or physical ability, a change in caregiver, or change in the caregiver's health, mental or physical ability, the client's or caregiver's hospitalization, placement, or institutionalization.

(3) The In-Home or Institutional Safety Assessment forms allow for two updates. The Protective Supervision Counselor must complete a new form if a third update is required.

7-8. Case Plan.

a. The Protective Supervision Counselor initiates the case plan during the initial face to face meeting with the client or her/his responsible person. At a minimum, the case plan is completed, signed, and approved by the Supervisor no later than ten (10) working days from the date of staffing, or the case acceptance date. (Refer to Chapter 6, paragraph 6-1, of this operating procedure.)

Sun	Mon	Tues	Weds	Thurs	Fri	Sat
	Staffing 1	Assign 1		Initial Contact 1	Staffing 2	
	Holiday	Assign 2		Initial Contact 2		
		Case Plan 1				
	Case Plan 2					

b. The client or her/his responsible person, the Protective Supervision Counselor, and the Protective Supervision Counselor’s Supervisor sign and date the initial case plan.

c. The Protective Supervision Counselor reviews the case plan monthly, at a minimum, and updates the case plan as problems are resolved or as new problems arise.

d. The Protective Supervision Supervisor reviews the case plan and all amendments at least monthly.

7-9. Documenting All Case Related Activities.

a. The Protective Supervision Counselor is responsible for recording all case activity in the case notes. Case notes document the day-to-day activities of case management. Case notes should be recorded as soon as possible; however, case notes must be recorded no later than five (5) working days after the activity. These include, but are not limited to:

(1) Telephone calls to the client, the client’s caregiver, the protective investigator, the Protective Supervision Supervisor, service providers, neighbors, and other collaterals. Attempts at telephone contact related to the case should also be recorded.

(2) Face to face meetings with the client, the client’s caregiver, the protective investigator, the Protective Supervision Supervisor, service providers, neighbors, and other collaterals as well as any other meetings related to the client.

(3) Correspondence, including e-mail, related to the client and/or management of the client’s case.

(4) The Protective Supervision Counselor documents all activities related to the client and the Protective Supervision case.

(5) The electronic case record holds all the documentation, field notes, narratives, notes, and correspondence, including court documents if appropriate.

(6) The Protective Supervision Counselor preserves any notes, messages, and correspondence, including e-mails, related to the client by scanning the documents into the electronic case management system.

7-10. The Opening Case Summary. The Opening Case Summary contains a narrative of all the activities from the referral date to day ten. The Protective Supervision Counselor is responsible for narrative entries into the electronic case record. All summary narratives are completed at specific times during the case.

a. The Protective Supervision Counselor completes the opening case summary narrative no later than five (5) business days after case plan is completed. The opening summary narrative documents the staffing and the decisions made during the staffing as well as the initial face to face meeting with the client. The opening case summary narrative begins with the staffing and includes:

(1) Those present at the staffing.

(2) The circumstances requiring Protective Supervision for the client, including those indicators of abuse, neglect, or exploitation, the current level of risk to the client, the immediate service needs identified by the Investigator and recorded in the preliminary case plan, and whether the client has consented to services, or services have been court ordered.

(3) The Protective Supervision Counselor confirms that the Investigator has provided all required documentation.

(4) Any activities prior to the initial face to face with the client.

b. The opening case summary narrative also includes a summary of the meeting with the client including:

(1) The client's current functioning ability including health aspects that affect her/his well-being.

(2) The client's current situation including living arrangements, financial issues, family dynamics and support, and any other information pertinent to the case.

(3) The client's service needs necessary to mitigate the risk level as well as any other service needs the client, or her/his responsible party, and the Protective Supervision Counselor identify.

(4) The initial goals that the client and Protective Supervision Counselor plan to reach.

(5) The identification of service providers or individuals who will be responsible for the meeting those service needs.

(6) Any barriers that prevent the attainment of the goals including service needs that are not available.

(7) Any other information that will be helpful or needed during the supervision and provision of services to the client.

7-11. The Monthly Summary. The monthly summary must address each goal established for the case and the progress made to reach that goal.

a. The Protective Supervision Counselor reviews each case no later than the monthly anniversary date of the Opening Case Summary narrative.

b. The initial monthly summary begins at the point when the opening narrative ends addressing activity that has occurred since the initial summary. Each subsequent monthly summary addresses only what has occurred during the previous month.

c. The monthly summary must address each goal established for the case and the progress made to reach that goal. Once a goal is achieved, it no longer needs to be included in the subsequent monthly summaries.

d. Revisions to a case plan must be explained in the monthly narrative.

e. The monthly summary must address changes in the client's capacity to consent or refuse services and his or her overall risk levels.

f. The Protective Supervision Counselor summarizes what has happened during the preceding month, referring directly to the case plan and the client's progress or lack of progress in achieving the established goals.

g. It is imperative that the Protective Supervision Counselor include in the monthly summary any concerns or issues that were identified during the previous month and what the Protective Supervision Counselor is doing to address these concerns.

h. In the monthly summary narrative, the Protective Supervision Counselor justifies her/his decision to continue case management or close the case.

7-12. The Closing Summary.

a. Prior to case closure, the Protective Supervision Counselor completes and submits to the supervisor the closing summary within 14 calendar days of the determination that the case should be closed by the Protective Supervision Supervisor and Counselor. The Protective Supervision Supervisor approves case closure prior to the case being closed in the current electronic case management system.

b. The closing summary must include:

(1) The reason for case closure.

(2) The goals that were reached as well as any service needs that remain unresolved.

(3) The current level of risk to the client.

(4) The likelihood of a future occurrence of abuse, neglect, exploitation, or self-neglect.

(5) The discussion with the client about case closure.

7-13. Maintaining Case Records. Protective Supervision records are confidential. Prior to scanning and uploading to the electronic case management system, the counselor will maintain those documents in a confidential and safe manner.

7-14. Transferring a Case to Another Unit, County or Region. There may be times when a client in need of on-going Protective Supervision will move or be placed outside the area where the case originated. Although the circumstances of each case and the needs of each client are different, the following guidelines will assist in determining what action to take.

a. Voluntary Supervision. When a client who has signed a Voluntary Protective Supervision Agreement moves out of county but needs and agrees to ongoing services, the sending unit will request, via email, that the receiving unit accept the case transfer. Once the receiving unit has agreed, via email, to accept the case, the receiving unit must make the necessary changes in the electronic case management system by the next business day.

b. Court Ordered Supervision. If a client who is under court ordered Protective Supervision moves or is placed out of county, a case will be opened in both counties. The worker in the county where court ordered jurisdiction is held will make a formal request, via email, for courtesy supervision by the new county and provide a copy of the court order to the receiving unit. The caseworker in the county of residence will make the contacts every 14 days and provide referrals as necessary. The caseworker where the jurisdiction is held will advise the court that supervision is being provided by the receiving county. If the court deems it appropriate, it may arrange for the transfer of jurisdiction to the other circuit and if accepted by the other circuit, the case would be closed in the originating county. If there is a pending guardianship proceeding, jurisdiction would most likely remain in the original circuit until resolved. If the jurisdiction does not change, the receiving county would provide the monthly summary to the sending county so that the court can be updated regarding the client's status at the 60-day review.

c. If the client is placed in an Assisted Living Facility or Adult Family Care Home out of county and does not require further Protective Supervision (no longer wants or needs voluntary services or court has dismissed the protective order), the originating county will advise the unit in the county of new residence and, if necessary, request a Protective Intervention case be opened by that unit, via email. The Protective Supervision case would then be closed.

Chapter 8

TERMINATION OF PROTECTIVE SUPERVISION AND CASE CLOSURE

8-1. Conditions for Closure. Protective Supervision cases remain open to supervision as long as it is appropriate. Only when one or more of the following conditions exist will a Protective Supervision case be considered for closure.

a. The problem(s) requiring Protective Supervision has been resolved, and is not likely to recur, i.e., the client is no longer at risk of abuse, neglect, exploitation, or self-neglect.

b. Services are being provided appropriately and effectively through other programs or agencies.

c. The client, who has the capacity to consent, requests that protective supervision be terminated.

d. The client dies while under court ordered Protective Supervision. The court will be notified immediately. If the client is under voluntary protective supervision, the protective supervision case will be closed after all documentation has been completed.

e. The court orders the termination of Protective Supervision.

8-2. Ongoing Service Referrals. Should the client, who is no longer in need of protective supervision continue to need other services, the Protective Supervision Counselor will ensure that referrals for needed/current services are made to programs within the department or to programs and/or agencies outside the department.

8-3. Case Closure Activities. Termination of Protective Supervision and case closure requires the completion of specific activities.

a. First and foremost, the Protective Supervision Counselor staffs the case with her/his supervisor. The staffing includes but is not limited to a discussion of the following:

(1) The client's progress toward the goals established on the case plan.

(2) The likelihood of a recurrence of abuse, neglect, exploitation, or self-neglect.

(3) The current role of the party responsible for the abuse, neglect, or exploitation.

(4) The client's current situation is stable and needed services are available and provided.

(5) The client understands why she/he was receiving Protective Supervision, and the subsequent risk or potential for harm if Protective Supervision is no longer in place.

(6) The client's support system is stable and available for assistance when needed.

(7) All issues related to the abuse, neglect, exploitation, or self-neglect have been resolved.

b. After the Protective Supervision Supervisor has approved the case for closure, the Protective Supervision Counselor arranges a final face to face meeting with the client, the caregiver, and/or the guardian.

c. The Protective Supervision Counselor discusses with the client, the caregiver, and/or the guardian the reasons for termination of protective supervision. This discussion includes but is not limited to:

- (1) The situation that required the provision of Protective Supervision for the client.
- (2) The established goals identified on the case plan and the client's progress in reaching those goals.
- (3) The services needed by the client and the client's current status.
- (4) Reassurance that those services will continue even after the Protective Supervision Counselor is no longer involved with the client.
- (5) The appropriate individuals to contact when a question or concern about in-home services arises.

8-4. When the Client Consents to In-Home Services. The client has capacity to consent to or refuse services and agrees that Protective Supervision is no longer needed. However, the client understands the need for continuing the in-home services provided in order to remain in the least restrictive environment that is both safe, and limits the possibility of the recurrence of abuse, neglect, exploitation, or self-neglect.

- a. The Protective Supervision Counselor assures the client that the counselor will contact the service provider to report both the termination of Protective Supervision and the request that service continue. The Protective Supervision may assist the client in negotiating any fees for services based on the client's income.
- b. The Protective Supervision Counselor provides appropriate contact names and telephone numbers to the client.
- c. The Protective Supervision Counselor contacts the service providers assisting the client, informing them of the termination of Protective Supervision, the client's desire to maintain current services, and any required fees for services.
- d. The Protective Supervision Counselor requests notification by the agency responsible for providing services if the services are terminated by the client or the agency.
- e. The Protective Supervision Counselor documents all closure activities in the case record and completes the closure summary.
- f. The Protective Supervision Counselor closes the case in the electronic case management system.

8-5. When the Client Terminates All Services. The client has the capacity to consent to or refuse services and elects to terminate all services. A client who has the capacity to consent can refuse both Protective Supervision and needed in-home services.

- a. The Protective Supervision Counselor will assess the client's capacity to consent to or refuse services (see CFOP 140-2, chapter 11).
- b. If the client demonstrates they have capacity to consent to or refuse services, the Protective Supervision Counselor must abide by the client's decision and assist in termination of in-home services and cease Protective Supervision.

c. The Protective Supervision Counselor documents in the case record:

- (1) The discussion with the client.
- (2) The assessment of the client's capacity to consent and the results.
- (3) The notification to the agency responsible for providing in-home services.
- (4) The final date that services will be provided.

d. The Protective Supervision Counselor completes the closing summary.

8-6. When the Client Lacks Capacity to Consent. The client lacks the capacity to consent to or refuse services and there is a responsible person providing care for the client or the court has appointed a guardian and has ordered the termination of Protective Supervision.

a. The client who lacks the capacity to consent may have an individual who acts as caregiver/advocate. This person may be a spouse, an adult child or other family member, the individual who holds durable power of attorney, or a guardian. In this situation, the Protective Supervision Counselor works with the client's advocate during case closure.

b. The individual is NEVER the person named in the report as the alleged perpetrator for the abuse, neglect, or exploitation of the client.

c. When the court has appointed a guardian and ordered termination of Protective Supervision, the Protective Supervision Counselor will:

(1) Provide the guardian with the names and contact numbers for the agencies responsible for in-home services; and,

(2) Notify all the providers that the client now has a guardian and provide the contact number for the guardian; and,

(3) File the court ordered termination in the case record, document all the activities of closure, and complete the closing summary.