

Identifying and Making Referrals for Appropriate Services: Best Practices Guidelines

I. Purpose

The purpose of this document is to provide best practice guidelines as well as a summary of the applicable law and OCFS policy guidance to assist local district Adult Protective Services (APS) staff when making services referrals.

II. Introduction

Local departments of social services (LDSS), through the efforts of Adult Protective Services, are charged with receiving and addressing APS referrals from various sources, both professionally and directly from the community, including family members.

Some referrals that APS receives do not warrant an investigation; some are simply “information and referral” which APS staff provides, based on the specific concerns of the referral source. Examples of this include providing telephone numbers for other agencies within the community and explaining the criteria to receive APS intervention.

APS initially evaluates the reported situation in a timely manner and determines whether the person is eligible to receive services. APS looks for risk factors affecting the safety and well-being of the person. For clients with decision-making capacity, the willingness of the person to receive services is a key factor in the case remaining open for any length of time.

Once eligibility for services is confirmed, a thorough assessment of risk and need is done within 60 days of referral date. Thereafter, ongoing assessments are conducted on open cases every six months.

Assessments are individualized to meet the specific needs of each client. Often, this means making a referral to community-based agencies that provide the identified service to keep the client safely residing in the home (when possible). Assessments reflect the current needs and risks of the client, so service plans change accordingly.

In some APS cases, the needs of the client are such that they do not require the assistance of community service providers. Some examples of this include monthly home visits by an APS caseworker for safety monitoring purposes, formal financial management of Social Security funds through Representative Payee services, and informal financial management conducted by the caseworker.

Some LDSSs have case aides or similar staff positions who can do shopping and errands for clients who are ineligible for Medicaid-funded home care or personal care. Staff can also assist with transportation to appointments for persons with no other available transportation options.

APS also serves involuntary persons who need assistance. This population is handled differently due to legal considerations, and will be addressed in section VI.

III. Risk Factors and Services Offered to Address the Needs of APS Clients

There are numerous risk factors that APS clients face, including:

- lack of food and clothing;
- lack of shelter leading to homelessness or displacement;
- lack of medical care, including mental health treatment;
- inability to adequately access benefits (Medicaid, SNAP, Temporary Assistance and Veteran's Administration, Social Security Administration);
- correction of home environmental factors (heavy duty cleaning and/or insect/rodent extermination, safety related home maintenance repairs);
- inability to pay bills leading to utility shut off, eviction, etc.;
- lack of transportation to medical and other appointments;
- inability to adequately perform activities of daily living (ADLs);
- social and or physical isolation; and when
- a higher level of care is needed but the client is unable to advocate for self.

APS caseworkers and supervisors must be able to recognize risk factors in the clients they serve. These include signs of physical abuse, self or caregiver neglect, and financial exploitation. Deteriorating conditions should be addressed in a timely manner to avoid a crisis or emergency situation involving medical and or mental health.

Service providers who meet the needs of APS clients come in many forms: some are governmental agencies; some are non-profit or for-profit agencies that serve the community in a variety of ways. Even an informal support system of neighbors, friends and family can serve the APS clients in eliminating or reducing their safety risks from living independently in the community.

Good casework practice includes knowing about the resources in the community and how to access them. It is important for APS to build and maintain good working relationships with other agencies, landlords, home repair services, deep cleaning services, hospitals, other medical facilities, home health agencies, homeless shelters, food pantries and soup kitchens, other departments within LDSS, domestic violence services, substance abuse services, law enforcement and counseling and case management services. All these entities serve APS clients in reducing risk and increasing independence.

18 NYCRR § 402.1 provides that the responsibilities of each LDSS include:

Maintaining a resource inventory of services provided by the social services district and of services available from other public and private community agencies.

It is therefore important that all caseworkers, especially new ones, have access to an up-to-date inventory or list of service providers in the community. Experienced supervisors and caseworkers may be the best resource for the APS unit, especially for new staff. Another good practice is for APS supervisors to have periodic meetings with administrators of service providing agencies in the community. Engaging in community coalitions, task forces, and committees is a good way to develop and sustain relationships with APS service providers. This type of engagement is more likely to create and sustain collaborations that produce the best outcomes for APS clients. Ongoing outreach is a good preventative practice that helps to keep the lines of communication open. Some examples of this are community sponsored

wellness fairs, Office for the Aging (OFA) social events, and Single Point of Entry (SPOE) meetings. OCFS provides LDSSs with brochures, posters and other materials for the purposes of outreach and public education.

Keep in mind, although the community service providers are there to support APS clients, case outcomes can be affected by factors such as the degree of client cooperation, funding availability and staff resources.

In some instances, a Memorandum of Understanding (MOU) between APS and another agency can keep the roles and expectations clear.

IV. Assessment / Service Plan: The Road Map to Success

The written service plan/assessment is the best way to identify exactly what the client's risks are and what services are needed to correct the situation. It also offers the opportunity to track the changes (improvements or setbacks) the client experiences during each six-month period. If new services are required or if current services can be discontinued, the service plan acts as a record for these changes. Specific details as to who the service providers are and what their roles are should also be included in the written plan. Objectives should be clearly defined.

The National Adult Protective Services Association (NAPSA) created a guide called [Adult Protective Services Recommended Minimum Program Standards](#). It includes the following guidelines regarding service plans and delivery to APS clients:

- Coordination of services with agencies and community partners
- Focus on case planning that maximizes client's independence
- Use family and informal support systems first, as long as it is in the best interest of client
- Use the least restrictive services and community based rather than institutionally based services
- Engage in voluntary service planning with client as much as possible
- Document activities in thorough, concise manner

The [OCFS Adult Services Practice Model](#) (see Appendix B) contains similar statements of practices and strategies relating to assessment and services planning.

OCFS provides an [Online New Worker Orientation](#) that serves to prepare and supplement mandated training for new APS caseworkers. Embedded throughout the manual is information relevant to identifying and making referrals for appropriate services. In particular, Section VI, "Accessing Services for Clients," details the philosophy, expectations and guidelines for successful casework on this topic.

Once eligibility has been determined, a completed and signed APS Assessment/Services Plan is required to be submitted for supervisory approval within 60 days of the date of referral. However, the service needs of individuals who are being assessed for APS must be addressed promptly and appropriately regardless of the date of completion of the assessment/services plan. [18 NYCRR 457.2 (b) (4) (ii)]

Accordingly, potential health risks, environmental hazards or suspected acts of abuse, financial exploitation and neglect of clients by other persons must be promptly and aggressively investigated and addressed. Decisive action also must be taken during the assessment period to promptly address unmet basic client needs for food, clothing, shelter, medical treatment and homecare.

[\[96 ADM 18, Section IV. B\]](#)

Confidentiality in record keeping is a right that every APS client should expect. Steps should be taken to ensure that what is written in a service plan (or progress notes) is protected. Even when discussing the case with other service providers, it is important that caseworkers and supervisors carefully choose what they share with others, as it may violate the confidential rights of clients. [See 92 INF 26 for further guidance.](#)

V. Referrals for Residential Care

When making referrals for clients who require residential care, consult with the oversight licensing agency to make sure licensed facilities are in good standing.

A Family Type Home for Adults (FTHA) can be a good choice for APS clients, as it offers 24-hour supervision and personal care. These homes serve up to four residents who are not related to the home operator. Each LDSS has an FTHA coordinator who can assist in making referrals. OCFS is the NYS oversight agency for the FTHA program.

Other homes or facilities that serve five or more residents are licensed by the Department of Health (DOH). There is a “Do Not Refer” list that DOH maintains that will assist in making referrals to adult homes, enriched housing, and assisted living programs when a client needs a higher level of care. This list consists of facilities that have received a written notice of an enforcement action based on a violation of law or regulation that creates an endangerment of resident health or safety. The list also includes homes where enforcement action is pending and homes that are currently unlicensed. Some homes on the list have closed voluntarily and are no longer accepting residents for care. The “Do Not Refer” list is periodically updated and can be found at www.health.ny.gov/facilities/adult_care/memorandum.htm. See attached Appendix C.

VI. Serving Involuntary Clients

When an LDSS believes there is a serious threat to an adult’s well-being and that the adult is incapable of making decisions on his or her own behalf because of mental impairments, the LDSS has a responsibility to pursue legal intervention. [18 NYCRR 457.6] Only a judge can deem a person to be incapacitated.

In cases where an involuntary protective services intervention is sought, APS must determine that there are no feasible voluntary service alternatives (such as a power of attorney, health care proxy, trust, or less informal supportive arrangements) that will adequately protect the needs of the client.

The legal standard for obtaining a guardianship under Mental Hygiene Law Article 81 requires that:

- the appointment is necessary to provide for the personal needs or to manage the property and financial affairs of the person, or both; and
- the person is deemed incapacitated or agrees to the appointment of a guardian.

If there are no other community resources available, the LDSS commissioner may be named as guardian of the person. The commissioner can be named guardian of person or guardian of property, or both. The commissioner can also be named as co-guardian with another person and share the responsibilities of maintaining the client's safety and wellbeing.

Regardless of the client's capacity, referrals for service should be handled in the same professional manner as with other APS clients.

VII. Share with Us Your Best Practices Related to this Topic

We are interested in hearing from local districts and others in the field about best practices relating to this topic. Please share them with your bureau representative or send them to:

Director, Bureau of Adult Services
New York State Office of Children and Family Services
52 Washington Street
Room 333 North Building
Rensselaer, NY 12144

Appendix A: Related ADMs, INFs and Social Services laws in regard to Identifying and Making Referrals for Appropriate Services

90-ADM-40 - *Client Characteristics* provides a list of services that are common to what APS offers:

1. APS arranges for adequate food, clothing, shelter.
2. APS arranges for medical care, Mental Health care (*including substance abuse and domestic violence treatment*).
3. APS arranges for accessing and maintaining benefits (SNAP, MA, VA, etc.).
4. APS arranges for correction of environmental hazards.
5. APS arrange for formal or informal financial management.
6. APS arranges for in-home care for ADL's (including transportation).
7. APS arranges for other community resources as support (family, friends, other).

8. APS arranges for hospitalization and payment if needed.
9. APS arranges for higher level of care if needed.

APS also offers the following:

10. APS arranges for coordination with other service providers.
11. APS conducts regularly scheduled home visits.
12. APS makes referrals to law enforcement and justice system and arrange for court involvement.

Detailed references to correspond with the previous 12 items:

1. **Adequate Food, Clothing and Shelter**

- **SSL 457.5** – Duties and Responsibilities (c) Additional duties, 1. emergency assistance
- **SSL 457.7** – Coordination and utilization of Community Resources – other DSS departments (*i.e., housing*), income maintenance and services
- **SSL 461** – Home Delivered Meals: 461.2 Eligibility: LDSS determines eligibility and coordinates arrangement with provider

2. **Medical Care, Mental Health Care** (including substance abuse* and domestic violence counseling)

- **SSL 457.7** – Coordination and utilization of Community Resources – medical assistance
- **SSL 462** – Non-residential Services for Victims of Domestic Violence
- **83-ADM-024** Medical Assistance
 - Documentation needed for medical assistance is required, however for some APS clients, this may not be available.
 - Alternative sources for APS clients are therefore allowed.
 - LDSS is responsible to determine capacity of client.
- **98-INF-5** APS Mental Health Evaluation Referral Instrument
 - A tool for APS to use when making referral for MH services
 - Addresses ability to make reasonable decisions, capacity to understand consequences of decisions, identification of functional and cognitive deficits of clients

3. **Accessing and Maintaining Benefits**

- **SSL 457.7** – Coordination and utilization of Community Resources – Services - Supplemental Nutrition Assistance Program, Medicaid, Veteran's Administration, Social Security Administration

4. **Correction of Environmental Hazards**

- **SSL 460.1-2** – 1. Homemaker Services (*one-time deep cleaning, insect and rodent extermination and ongoing home making services*); 2. Conditions, rights and duties, coordination with casework activities and caseworker responsibilities

5. **Formal or Informal Financial Management FM)**

- **SSL 457.5** – 1. Duties and Responsibilities (c) Additional Duties, 2. Alternate Social Security (SS) payment procedures i.e., Protective Payee and 3. Rep Payee services for SS benefits
 - **SSL 457.7** - Coordination and utilization of Community Resources APS Service Delivery Network including: accounting
 - **83-ADM-15** Establishment of Financial Management System to Serve APS Clients
 - Addresses the need for vulnerable adults to manage financial affairs to avoid crisis situations (such as utility shut-offs and homelessness) and avoid institutional placement.
 - Utilize “least restrictive environment” attitude toward FM
 - Possible to use community resources, such as other public or private agencies, family, friends to provide FM
 - **79-INF-008** Financial Management Procedures for Individual Clients
 - LDSS is responsible to provide FM vulnerable adults who need this. LDSS must monitor and document formal and informal procedures in both case record and local accounting unit.
 - Financial management vs. case management
 - LDSS must determine the needs of the client and utilize 1. Income maintenance, 2. Medical assistance, and 3. Services (in coordination) to meet client’s needs.
 - LDSS should seek assistance from family members of client. Also this service can be provided by an authorized community agency.
 - NYS DSS, SSA and Mental Hygiene Law (Sections 77 and 78) support FM policies.
 - Detailed information regarding formal and informal methods of FM, including Rep Payee
6. **APS Services arrange for in home care for ADL’s** (including transportation)
- **See SSL 460.1-2** Homemaker Services
 - **86-INF-032** Expanded In-Home Services for the Elderly Program
 - EISEP covers non-medical in-home services for elderly.
7. **Other Community Resources as Support** (family, friends, other)
- **SSL 457.5** – Duties and Responsibilities (c) additional duties
8. **Hospitalization and Payment** (if needed)
- **SSL 457.5** – Duties and Responsibilities (c) additional duties
 - **SSL 457.7** – Medical Assistance and Accounting
 - **92-INF-054 APS** Access to Hospital Records for the Purpose of Conducting APS Investigation on Behalf of Persons Referred by Hospitals
 - Based on Public Health Law, SS Law, DOH regulations, DOH permits the release of records, as needed by APS to arrange for recommended services, as needed.
 - **92-INF-055** APS Model Hospital Agreement
 - Regarding discharge planning to ensure safety of client
9. **Higher Level of Care** (if needed)

- **SSL 489** – Adult Care Facilities for Family Type Homes for Adults (FTHA) – FTHAs serve as a potential housing option for APS recipients
- **89-ADM-022** Residential Placement Services (FTHA)
 - Establishment of FTHA: recruitment, community education, assessment/approval of FTHA operators, ongoing technical assistance for FTHA operators, LDSS supervision of FTHAs, enforcement issues
- **90-ADM-025** Long Term Home Health Care Program
 - Levels of residential care (excluding shelters)
 - Services include assessment for appropriate level of care, case management services

10. **Coordination with Other Service Providers**

- **SSL 457.7** – Coordination and Utilization of Community Resources APS Delivery Network
- **83-INF-017** Post Institutional Services Planning Program
 - Clarify role of LDSS when discharge planning from residential OMH, OPWDD and inpatient psychiatric facilities. Also included are follow-up services in cooperative manner.
- **93-INF-037** APS Model Agreement with OPWDD
 - Clarification of roles of agencies
- **95-INF-010** APS Model Protocol Between Police and APS
 - In an effort to improve relationship between LE and APS
- **99-INF-006** APS Confidential Information Sharing Agreement
 - Developed agreement between APS and OMH and OPWDD
 - SSL 473.2(a) anticipates the sharing of information (between agencies) to appropriately service the client

11. **Conducts Regularly Scheduled Home Visits**

- **SSL 457.5** – Duties and Responsibilities (b) Contact with APS Client

12. **Referral to Law Enforcement and Justice System and Arrange for Court Involvement**

- **SSL 457.15** – Reports to Law Enforcement Officials - APS mandated report of crime against client
- **SSL 457.15** – Reports to Law Enforcement of Crime Against Client
- **95-INF-20** Family Protection and DV Intervention Act
 - Details involving what court will be involved, OOPS, etc.
- **99-INF-005** APS Amendments to Penal Law Concerning Vulnerable Elderly Adults
 - Law becomes more inclusive with vulnerable population
 - Felonies: Endangering the Welfare of Vulnerable Elderly Adults
 - Penal Law Sections 260.32 and 260.34

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The following laws, ADMs and INFs address the involuntary client:

- **SSL 457.6** – Serving Involuntary Clients
 - (a) Legal Intervention – least restrictive method
 - (b) Crisis Intervention – various laws MHL, Family Court, STIPSO
 - (c) Other Legal

- **SSL 457.11** – Access Orders
- **SSL 457.10** – STIPSO
- **88-ADM-023** Serving Involuntary Clients
- **81-ADM-057** Short Term Involuntary Protective Services Order (STIPSO)
- **87-ADM-006** Orders to Gain Access to Persons Believed to be in Need of Protection
- **92-INF-040** Article 81 Guardianship

Appendix B: Adult Service Practice Model

Adult Services Practice Model

Vision

The New York State Office of Children and Family Services' Adult Services *vision* is: Vulnerable/Dependent Adults are protected and supported to achieve safety and well-being.

Mission

To improve the safety and well-being of vulnerable/dependent adults

- **Vulnerable Adult**: Adult (age 18 or older) who is the victim of abuse, neglect (including self-neglect) or financial exploitation and who meets Adult Protective Services (APS) criteria
- **Dependent Adult**: Adult (age 18 or older) who needs assistance (e.g., supervision, personal care) in being able to live safely in the community or in community-integrated residential settings such as a Family Type Home for Adults (FTHA).

Outcomes

We will use our practice model to achieve the following **outcomes** which we believe will help to achieve our vision:

Safety

Vulnerable adults are protected from abuse, neglect and financial exploitation while their rights to self-determination are respected.

Prevention

Through the least restrictive means possible, vulnerable/dependent adults improve their ability to remain safely in the community, to the extent possible.

Well-being

Vulnerable adults who receive services and dependent adults who require residential placement and services receive quality and respectful care which respects their choices in accordance with their wishes and in compliance with the law.

Organizational Effectiveness

Staff are diverse, professionally and culturally competent.

Adult Services staff use an adult-centered practice, family-centered to the extent this accords with the client's wishes, and demonstrate partnership.

Values

To achieve these outcomes, we are committed to the following **values**:

- All adults have the right to be safe and to live with dignity and with self-determination to the extent possible.
- Delivery of services for adults must be individualized, culturally competent, and recognize and honor differences in traditions, heritage, values and beliefs.
- Recognize that the interests of the adult client are the first concern of any service plan or intervention.
- Accountability for actions and results, and data-informed decision-making.
- We value the principles of partnership
 - Everyone deserves respect
 - Everyone needs to be heard
 - Everyone has strengths
 - Judgments can wait
 - Partners share power
 - Partnership is a process

We know that in many cases the job of protecting vulnerable adults is too large and complex for Adult Services to accomplish alone, as many clients require services and benefits from more than one agency or provider. Therefore, we are committed to reach out and encourage our colleagues in other services areas and disciplines to participate in providing services to protect vulnerable adults in coordination with Adult Services, as part of a larger services delivery network.

Adult Services

Adult Protective Services (APS) Criteria:

APS is available without regard to income, to adults 18 years of age or older who:

- because of a physical or mental impairment,
- need protection from actual/or threatened harm due to an inability to meet their essential needs for food, shelter, clothing or medical care, secure benefits for which they are eligible, or protect themselves from physical, sexual or emotional abuse active, passive or self-neglect or financial exploitation, and
- have no one available who is willing and able to assist responsibly.

(Optional) Preventive Services for Adults

Provided by districts for at-risk adults who do not currently meet PSA criteria (e.g., they are able to make choices to protect themselves and the immediate danger to them has been stabilized). Among the preventive services that may be provided are:

- Financial management services
- Care management services
- Homemaker
- Housekeeper
- Home management services

Family Type Home for Adults

Recruitment, development, inspection and supervision of Family Type Homes for Adults (FTHA) in accordance with FTHA and Resident Placement Services for Adults regulations.

The following practices, aligned with our values, are intended to achieve the outcomes referenced above. We will prioritize our resources in accordance with these practices.

ADULT SERVICES PRACTICES	STRATEGIES
Engagement	Since most vulnerable adults have the capacity to refuse offered services, best practice is for Adult Services workers to carefully and gently engage clients to make a connection and to offer services.
Assessment	Adult Services workers provide comprehensive assessments of the risks to clients, the clients' needs and desires, and service delivery options available for clients.
Voluntary Services Planning	Services plan is developed with the clients to develop mutual goals to decrease risk and enhance well-being in consultation as appropriate with collaterals and community partners.
Involuntary Services Planning (Where there is a serious threat to an adult's well-being and the adult is incapable of making decisions on his /her behalf.)	<ul style="list-style-type: none"> • A decision to seek involuntary action is not taken lightly. • Use the least restrictive intervention necessary to effectively protect the client. • Use community-based services rather than institutionally-based services where possible. • Document information needed to justify the use of involuntary intervention. • Do no harm. Inadequate or inappropriate interventions may be worse than no intervention.

Adult Services Strategies for Improving Safety, Well-Being and Staff Competency include:

- initiatives to raise awareness among professionals and the public about how to recognize, prevent and report adult abuse, neglect and financial exploitation;
- initiatives to promote a multidisciplinary response to adult abuse, neglect and financial exploitation;
- frequent regional meetings with local district Adult Services supervisors and workers, and representatives of other agencies and providers involved in Adult Services and issues;
- ongoing technical assistance, training and oversight to assist districts and others to investigate, assess and provide services to vulnerable/dependent adults, in accordance with state law and best practices; and
- development of Best Practices Guides in specified areas.

Emerging Areas of Focus include:

- NYS Cost of Financial Exploitation: collecting data re: costs to clients, cost to agencies in terms of staffing resources and costs of additional benefits and services needed as a result of financial exploitation;

- enhanced Multidisciplinary Teams: pilot programs focusing primarily on prevention and intervention in cases of financial exploitation of vulnerable adults; to be replicated to the extent possible;
- exploring additional tools to assist in screenings of capacity and functional limitation;
- domestic violence –type dynamics and skills (including safety planning) for APS workers;
- enhancing Adult Services Investigations (for both APS and FTTHA).

Appendix C: “Do Not Refer” list (as of September 2016)

www.health.ny.gov/facilities/adult_care/memorandum.htm

About the "Do Not Refer" List

Section 460-d(11-15) of the Social Services Law requires the Department of Health to maintain a list of all adult homes, enriched housing programs, residences for adults and assisted living programs that have received written notice of an enforcement action based on a violation of an applicable law or regulation that creates an endangerment of resident health or safety, a pending enforcement action against a facility’s operating certificate or a determination that the facility is required to be certified as an adult home, enriched housing program or residence for adults. This list is the “do not refer” list. Placement on the “do not refer list” on the Department’s website will serve as written notice to the appropriate office of the Office of Mental Health, Department of Correctional Services, State Division of Parole, local services districts as well as hospitals in the locality in which the facility is located.

Referral Suspension

- Section 460-d (11-12) of the Social Services Law, Section 2803-m of the Public Health Law and Section 29.15(i) (1-2) of the Mental Hygiene Law prohibits social services districts and other local government entities, hospitals and inpatient facilities operated or licensed by the Office of Mental Health, Department of Correctional Services and State Division of Parole from making referrals for admission to an adult care facility on the “do not refer list”.

Closed Facility:

- Facilities that have closed voluntarily or facilities that were previously on the “do not refer” list and have now closed or are closing.

Uncertified facility:

- Facilities referred to as "questionable operations". These facilities are neither licensed nor certified by the department. These facilities do not meet personal care and supervision standards required by regulation to be provided to residents by the adult care facility.

Changes to the DNRL will be made as needed on this site. Check this site for the most up-to-date information.
If you have any questions or concerns regarding the attached list, please contact Linda O'Connell at (518) 408-1133.