

**Governor's Office of Elderly Affairs
Elderly Protective Services
Policies and Procedures Manual**



**GOVERNOR'S OFFICE OF ELDERLY AFFAIRS
EPS PROGRAM INTERNAL POLICY**

CERTIFICATION OF COMPLIANCE:

APPOINTING AUTHORITY APPROVAL:


ADEQUATE INTERNAL CONTROLS:

1. APPOINTING AUTHORITY APPROVAL:

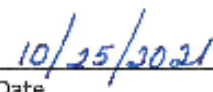
THE APPOINTING AUTHORITY OF THE GOVERNOR'S OFFICE OF ELDERLY AFFAIRS IS DEFINED BY STATE LAW, STATUTE PROVISION. APPOINTING AUTHORITY APPROVAL WILL BE DOCUMENTED ON THE DEA PERSONNEL ACTION REQUEST.

2. ADEQUATE INTERNAL CONTROLS:


GENERAL COUNSEL WILL ENSURE COMPLIANCE WITH ALL RULES AND LAWS.



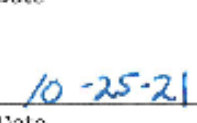
Appointing Authority



Date



General Counsel



Date

NOTE: THE ORIGINAL SIGNED DOCUMENT IS LOCATED IN GOEA COMPLIANCE & PLANNING UNIT

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I. OVERVIEW

MISSION STATEMENT

The Governor’s Office of Elderly Affairs, Elderly Protective Services is committed to preserving and protecting the rights of vulnerable elders in need of assistance due to abuse, neglect, self-neglect, and/or exploitation, hereafter referred to as “abuse.”

In pursuit of this commitment, and in accordance with the provisions of La. R.S. 14:403.2 and La. R.S. 15:1501-1511, Elderly Protective Services is committed to establishing systems to provide protection to individuals who are unable to independently provide for themselves or to manage their resources, and who are harmed or threatened with harm through the action or inaction of themselves, those entrusted with their care, or other parties.

HISTORY AND STRUCTURE OF ELDERLY PROTECTIVE SERVICES

The Elderly Protective Services law was first passed in 1981. The Department of Health and Human Resources administered the Adult Protective Services Program (APS) from 1981 to 1987. In 1987, the program was transferred to the newly-created Department of Social Services, but funding was not provided and the program was inactive for several years. In 1992, responsibility for the program was divided between the Governor’s Office of Elderly Affairs for adults 60 and older, and the Department of Health and Hospitals (now the Louisiana Department of Health, “LDH”) for adults 18-59 and emancipated minors. Elderly Protective Services began operation in 1993, followed by Adult Protective Services in 1994. In 2013, both agencies were combined within LDH to create Adult Protective Services for adults 18 and older. In 2017, the Elderly Protective Services program for adults age 60 and older was transferred back to the Governor’s Office of Elderly Affairs for program administration.

DEFINITION OF PROTECTIVE SERVICES

Protective Services are those activities intended to assist eligible adults age 60 and over who are residing in the community, who may have been harmed or are at risk of harm due to abuse, neglect, exploitation, or extortion. Protective Services include, but are not limited to: receiving and screening information on allegations of abuse, neglect, exploitation and/or extortion; conducting investigations and assessments of those allegations to determine if the situation and condition of the alleged victim warrants corrective or other action; stabilizing the situation; developing and implementing plans for preventive or corrective actions; referring to necessary on-going services and/or to case management; ensuring services are obtained; initiating and/or referring for necessary civil legal remedies; and as indicated, referring cases to law enforcement and/or the district attorney and cooperating in any court proceedings.

GOALS AND OBJECTIVES

The primary goal of the Governor’s Office of Elderly Affairs, Elderly Protective Services Program is to prevent, remedy, halt, or hinder abuse, neglect, exploitation, or extortion of individuals in need of services as defined in this regulation and consistent with the provisions of La. R.S. 14:403.2 and R.S. 15:1501-15:1511. In order to achieve this goal, Elderly Protective Services shall pursue the following objectives:

- Establish a system of mandatory reporting, intake, classification, timely investigation, and response to allegations of abuse, neglect, exploitation, and extortion;
- Provide protective services to the individual while assuring the maximum possible degree of self-determination and dignity;
- Coordinate with other community service and health service providers to arrange and facilitate the process toward developing individual and family capacities to promote safe and caring environments for individuals in need of protection;
- Secure referral or admission to appropriate alternative living arrangements if all efforts to maintain the individual in his/her own home fail;
- Assist individuals in need of protection to maintain the highest quality of life with the least possible restriction on the exercise of personal and civil rights; and
- Educate the general public regarding the Elderly Protective Services and the requirements of La. R.S. 14:403.2 and La. R.S. 15:1501-1511.

PRINCIPLES OF ELDERLY PROTECTIVE SERVICES

Elderly Protective Services is guided by the *National Adult Protective Services Association (NAPSA) Code of Ethics* and the Adult Protective Services Recommended Minimum Program Standards and practice guidelines. The *NAPSA APS Code of Ethics* states that the Adult Protective Services program and staff promote safety, independence, and quality of life for older persons and persons with disabilities who are being mistreated or are in danger of being mistreated, and who are unable to protect themselves. Every action taken by Elderly Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination. Elders who are victims of mistreatment should be treated with honesty, caring, and respect by following these core principles:

- Adults have the right to refuse services.
- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms, as long as these decisions do not harm others.
- Adults (Elder clients) have the right to accept EPS program services.

The EPS program is guided by practice guidelines that emphasize the EPS worker's need to:

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize client differences such as cultural, historical, and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of the worker's ability, involve the adult as much as possible in developing the service plan.

- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first and community-based services rather than institutionally-based services whenever possible.
- Use family and informal support systems first, as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

II. INVESTIGATIONS

The Regional Field Staff, which consists of Regional Supervisors and EPS Specialists, are responsible for conducting investigations, assessing risk, screening individuals for capacity, and for arranging services to protect vulnerable adults with disabilities age 60 and over from abuse, neglect, exploitation, and/or extortion.

If an allegation of abuse is received for a client residing in a licensed care facility, the regional field staff will investigate cases unless the perpetrator is a staff member of the facility, then the investigation will be referred to the appropriate regulatory agency.

A. The Intake Section

The Intake Section will screen and accept reports of abuse, neglect, exploitation, or extortion which have been reported to EPS. The Intake Section provides information and referral on cases which are eligible, as well as ineligible. Information is recorded and cases are assigned, and priority set for investigation by this Section.

B. Community Coordination

The Elderly Protective Services program works with other agencies and community partners, including, but not limited to: courts and law enforcement agencies, mental and physical health providers, domestic violence and sexual assault programs, aging and disability networks, substance abuse service providers, and tribal entities.

The goal of these intentional and specific collaborations is to provide comprehensive services to vulnerable adults in need of protection by building on the strengths, and compensating for the weaknesses of, the service delivery system available in the community, and by avoiding cross-purposes. One method to enhance community collaboration is through the performance of a Regional Coordinating Council (RCC).

The Governor's Office of Elderly Affairs, Elderly Protective Services convenes a quarterly Coordinating Council meeting in each EPS region. La. R.S. 15:1507(E) states the Adult Protection Agency shall convene a regional level coordinating council composed of representatives of both public and private agencies providing services, with the objectives of: identifying resources, increasing needed supportive services, avoiding duplication of effort, and assuring maximum community coordination of effort. More information about the Regional Coordinating Council is located in Chapter 18 of this Policies and Procedures Manual.

III. **CONFIDENTIALITY**

A. **Confidentiality Requirements**

Information obtained as part of an investigation and/or contained in the case records of an EPS case is confidential. Case information may not be released without written authorization from the client or the client's legal representative. Certain case information may be shared with law enforcement, or with medical/social service agencies as needed to coordinate the provision of protective services to the client and with regulatory agencies for provider investigations. When disclosures are required, only necessary information should be disclosed. The identity of the reporter shall remain confidential. Details of the confidentiality requirements are stated in the APS law and the APS Administrative rules located in Chapter 67 of the Louisiana Administrative Code, and La. R.S. 15:1507.

Requests for written copies of information in an EPS case record must be in writing and addressed to GOEA General Counsel, and must include a copy of any documentation required to obtain confidential EPS records. Specialists are to discuss with their supervisor any request for information from outside GOEA. Subpoenas for case records shall be forwarded to GOEA General Counsel, who will respond as appropriate.

B. **Confidentiality Procedures**

- **Release of Information:** During the initial face-to-face contact with a client *who has capacity to consent* (or a client's legal representative), Specialists shall, whenever possible, obtain signed release of information forms naming all agencies or other entities from which it may be expected to need confidential client information. This will facilitate obtaining any information needed to conduct EPS business
- **Other Sources:** If providers refuse to release information to EPS without a signed release of information from the client, Providers should be advised that the Health Insurance Portability and Accountability Act ("HIPAA") permits disclosures to protective service agencies, and that La. R.S. 15:1507 states that EPS shall have access to any records or documents necessary to the performance of duties. The Specialist may suggest consultation with the agency's HIPAA advisor and refer all unresolved disputes to an EPS supervisor.
- **Internal Security:** All client information shall be kept in secure location, free from public view or access. All EPS staff must have screen savers with passwords and ensure that electronic case files are not kept open when they have left their desks. When staff are not at their desks, paper case files must be stored in a locked filing cabinet, drawer or office. Faxes or e-mails shall use incident numbers rather than names whenever possible. Documents that mention clients by name are to be labeled with the GOEA privacy and

confidentiality warning. All agency fax cover forms should contain the Confidentiality warning. Case numbers rather than client names are to be used on travel forms, overtime requests and/or similar documents.

- **Intake:** Any person or provider who refuses to release information when making reports to EPS is to be advised that state law requires reporters to provide “the name and address of the adult, the name and address of the person responsible for the care of the adult, if available, and any other pertinent information”.
- **Subpoena for Records:** If EPS or local law enforcement is initiating legal action, EPS may provide/release information in support of the action without a subpoena. However, when other parties subpoena records the following procedure shall be followed:
 - The EPS employee receiving the subpoena shall immediately forward the request and the requested record(s) to the EPS Program Manager. The EPS Program Manager will review and if appropriate will send to GOEA General Counsel the subpoena and a complete copy of the case record in the database for redaction pursuant to La. R.S. 46:56 (H)(2).

IV. ELIGIBILITY/INTAKE

A. **EPS Eligibility**

Basic eligibility criteria for Elderly Protective Services are derived from the APS law. The law protects persons who:

- Are age 60 or over; and
- Due to a physical, mental, or developmental disability or the infirmities of aging, is unable to manage his own resources, carry out the activities of daily living, or protect himself from abuse, neglect, and exploitation, and
- Is alleged to have been abused/neglected/exploited or extorted as defined herein. There are no financial eligibility criteria for Elderly Protective Services.
- Must be a resident of Louisiana or the alleged abuse must have occurred in Louisiana. If a case has been reported where the victim resides in one state and the alleged abuse occurred in another state, services will be coordinated between both states.

B. **Intake**

The intake process includes the following activities:

- Receiving, gathering information about, and evaluating reports of abuse, neglect, exploitation, and/or extortion;
- Accepting, prioritizing, and assigning reports accepted for investigation;
- Referring reports not accepted for investigation to appropriate agencies or resources;
- Entering all reports (accepted and rejected) into the incident tracking database;
- Providing copies of certain reports to law enforcement as required by law; and

C. Intake Training

Required Training for Intake Staff: All Intake staff (including Supervisors) must be trained in EPS Intake Standards by EPS staff, or have had equivalent training and/or experience. EPS Intake training will include, but not limited to:

- Telephone techniques
- Program eligibility
- Data Entry/Case Management into EPS database
- How to manage calls/reports of abuse, neglect and/or exploitation that are not accepted cases for investigation

Individuals that call to report abuse, neglect, exploitation and/or extortion of elders are to be informed of the following provisions in accordance with statute as follows:

- Reporting suspected abuse, neglect, exploitation or extortion of elders is required by La. R.S. 15:1502.
- The reporter's identity (if given) is not disclosed except to law enforcement or the courts, as required by law. If reporters are reluctant to reveal their identity, EPS accepts anonymous reports.
- The reporter is immune from civil/criminal liability when making a report in good faith and cooperating in the investigation of the report.

D. Intake Procedures/Processing

The following action steps should be taken by Intake Specialist upon receipt of a report to identify abuse, neglect, exploitation and/or extortion:

- Identify to caller the agency and agency representative
- Interview the reporter to gather data to determine if the report meets eligibility criteria for case investigation.
- If case meets eligibility criteria, process case in the potential victim's name. If additional information is necessary to establish eligibility, intake shall maintain "pending case" file until the report is accepted or rejected.
- For group home, board and care or other residential type facility, the information below should be captured:
 - Is the facility licensed by Louisiana Department of Health (LDH)
 - Is the license information available to the reporter
 - Has the report been referred to LDH
 - Report filed and documented in EPSM
 - Case accepted due to facility or group setting not having licensure or license information not available
- Document case information in incident tracking database.
- E-mail Intake Supervisor for review.
- Demographic information and other case information not required to determine eligibility may be obtained post notification to Intake Supervisor of potential case
- Case acceptance notification received and case priority assigned.
 - Priority 1: High Priority

- Priority 2: Medium Priority
- Priority 3: Low Priority
- Cases accepted that require immediate intervention are assigned as soon as possible (same day) to ensure the safety of the victim. The intake specialist shall notify the EPS Field Specialist Supervisor and EPS Specialist of the assigned Priority 1 case. Notification may be via telephone call with email confirmation. Data collection by Intake Specialist may resume upon notification of the case assignment If necessary.
- Cases accepted that do not require immediate intervention (Priority 2 and Priority 3) are assigned accordingly. The EPS Specialist and EPS Specialist Supervisor are notified via e-mail of the case assignment.
- Cases reported that have previous reports/cases shall be noted on the newly accepted case in the electronic incident tracking system.
- The intake specialist shall follow-up with any additional information documentation received post assignment via fax and/or email transmittal.
- Reports of allegations of sexual abuse and/or physical abuse shall be faxed to the local sheriff's office in the parish where the incident occurred with the reporter's name redacted.

E. Case Priority

Reports of abuse, neglect, exploitation and/or extortion shall be prioritized in accordance with Title 67 of the Louisiana Administrative Code.

- **Priority 1- High Priority:** A report which alleges the adult in need of protection is abused, neglected, exploited, or extorted, and has suffered serious harm or serious physical injury which, if untreated, may result in permanent physical damage or death. Examples include but are not limited to, head injuries, spinal injuries, severe cuts, broken limbs, severe burns, and/or internal injuries. Priority 1- High Priority includes sexual abuse where there is danger of repeated abuse, situations where medical treatment, medications or nutrition necessary to sustain the adult are not obtained or administered, as well as over-medication and unreasonable confinement. EPS Regional Specialist must respond to Priority 1 (High Priority) cases within twenty-four (24) hours of case assignment.
- **Priority 2 – Medium Priority:** A report which alleges the adult in need of protection is abused, neglected, exploited, or extorted is at risk of imminent serious physical injury or harm. Priority 2- Medium Priority reports may include, but not be limited to, situations in which there is failure to provide or obtain behavioral health and medical treatment which, if untreated, may cause serious harm to the adult. This includes self-abusive behavior and failure to treat physical ailments. It could include inadequate attention to physical needs, such as insufficient food, medicine, inadequate heat or excessive heat unauthorized use, and/or exploitation of the victim's income or property which places them at risk. EPS Regional Specialist must respond to Priority 2 (Medium Priority) cases within five (5) working days of case assignment.
- **Priority 3 – Low Priority:** These reports include all other allegations in which the adult in need of protection is alleged to be abused, neglected, exploited, and/or extorted, which do not involve risk of serious physical injury or harm and/or the victim's basic needs may

not be provided and/or available. Basic needs may be identified, but are not limited to: adequate housing, nutrition, medical and behavioral health needs, proper clothing for the weather conditions, and an environment free of safety hazards. Priority 3-Low Priority reports may include verbal and emotional abuse which is used as a means of controlling the victim. Control tactics may include, but not limited to: harassment, cursing, degrading remarks, intimidation, ridicule, and threatening to withdraw care. EPS Regional Specialist must respond to Priority 3-Low Priority cases within ten (10) working days of case assignment.

Extension of priority case response may be granted by the EPS Manager as follows:

- Increase in Priority 1-High Priority Cases assigned
- Increase in case assignment beyond capacity of staff
- Staff reassignment
- Budgetary restrictions
- Other as identified by GOEA administration

When appropriate, the EPS Program Manager may establish specified timeframe for case response. Cases that may be identified at Intake as Priority 2-Medium may be reassigned as Priority 1-High Priority when additional information is obtained and the victim's safety is at risk.

F. Report Disposition (Accept/Reject)

Reports of abuse, neglect, exploitation and/or extortion may be accepted for investigation and/or denied based upon eligibility criteria. If the report does not meet the eligibility criteria for EPS services/investigations the following action steps will be taken:

- Advise the reporter of the justification for rejection
- Refer the case to local law enforcement if appropriate
- Refer to appropriate agency for investigation if the report is not accepted for investigation by EPS
- When reporters are not able to make appropriate reports and/or needs assistance, the intake specialists may refer the report to the appropriate agency on behalf of the reporter and follow-up with the reporter to advise the report has been filed with the appropriate agency.
- If the report has been determined to not involve abuse, neglect, exploitation and/or extortion but the caller has other identified needs, the Intake specialist shall provide referral to partner agencies to assist in meeting the needs of the reporter.
- If a victim is deceased prior to the time of the report, the Intake Specialist shall determine if an investigation is necessary and document accordingly.

G. Emergency Response at Intake

If at any time during the intake process it becomes clear that the adult in need of services requires emergency service or intervention, the EPS Intake Specialist shall take the following actions, as appropriate:

- Immediately notify the EPS Program Manager.
- If the reporter indicates that the victim is in present, imminent danger and/or serious harm/injury is occurring, the EPS Intake Specialist shall obtain pertinent information and immediately shall contact an emergency number (911 or other law enforcement numbers) to report the emergency. The EPS Intake Specialist is responsible for case follow-up to determine if emergency services have been provided.
- If a report has been accepted by another agency for investigation, the EPS Intake Specialist must determine if the report is eligible for case investigation by EPS. If the case is eligible, the EPS Intake Specialist shall complete the intake process and assign to EPS Regional Specialist as appropriate.
- If a report dictates that the victim may be in need of immediate intervention by removal or placement in a facility, the EPS intake Specialist shall immediately notify the EPS Program Manager. Assignment and case processing for the intervention may begin to ensure the safety of the victim, even though the normal intake process is incomplete.

H. Assignment of Case Investigations

A primary objective in case assignment for investigation is to balance case assignments when possible. The EPS Program Manager and EPS Regional Supervisors shall monitor the number of cases assigned over the past 30, 60, 90 and 120 days to manage appropriate caseload assignments. With approval from the EPS Program Manager, regions with high case assignments may receive assistance from neighboring regional staff by case assignment to specialist that reside near or within the regional area. Exceptions in unique cases may be approved by the EPS Program Manager. The following are factors used in case assignment:

- Case assignment preference will be given to the EPS Specialist domiciled within the region where the adult resides to limit travel time and costs associated with case investigations
- i.e: travel, time, fuel, etc. Exceptions to this rule may be made by the EPS Program Manager. For example, if the incident took place in a region other than where the adult resides and the witnesses and/or the accused live in that region, law enforcement is involved, the result will be more efficient in time and budgetary costs if assignment is made to the Specialist nearest to the case. Assignment of the case to the region where the majority of the investigation or assessment will need to take place can minimize the need for having EPS Specialists in the other regions provide assistance.
- In regions where more than one EPS Specialist is domiciled, the region may be divided for case assignment of cases by parish, particularly in outlying parishes. This may minimize travel by having a Specialist focus on one part of the region. The EPS Program Manager shall determine regions where this procedure should be followed. This procedure shall be considered a guideline and not a rule. Other assignment criteria should be taken into consideration so that this does not result in a wide discrepancy in caseload size.
- New case assignments will be assigned to the EPS Specialist in the region that has had the fewest assignments during the previous 30-day period.

- Reports accepted as a case for investigation that have had prior case investigations may be assigned to the previous EPS Specialist when possible.

EPS Regional Specialists are notified of case assignments via email and telephone. If the Specialist is not in, and the case is Priority 2 or 3, the Intake Specialist may leave a message notifying the Specialist that the case has been assigned. If the case is a Priority 1 – High Priority, the Intake Specialist must call the EPS Specialist on their mobile phone. Priority 1- High Priority reports received late in the workday must be called to the EPS Specialist at their home or agency mobile telephone number. If the EPS Regional Specialist cannot be reached, the EPS Regional Specialist must be called immediately the following calendar day. If the next calendar day falls on a weekend or holiday, the EPS Intake Specialist will notify the EPS Specialist's supervisor. If intake personnel are unable to contact the EPS Specialist or regional supervisor, the EPS Program Manager will be notified for appropriate response to ensure the safety of the elder.

The EPS Intake Specialist may assign the case the next working day if the priority determined is Priority 2 – Medium Priority or Priority 3 – Low Priority. Priority 2 – Medium Priority and Priority 3 – Low Priority cases may be assigned to EPS Specialists who are currently on leave provided they are expected to return to work status least two days prior to the case response deadline.

I. Repeat Case Protocol

Repeat cases are common in Elderly Protective Services. This is especially true with cases of self-neglect and cases involving clients with behavioral health problems. Repeat cases present a two-fold problem:

- Repeated reports involving the same client and the same allegation, where the case is repeatedly not substantiated or where the client consistently refuses services, can be time-consuming and can draw investigative resources away from other reports; and
- just because a report involves the same client and the same allegation does not mean it is safe to assume the current case will have the same result. Additional information may lead to substantiation and/or the client may accept services.

The following protocol is to be followed if a report has been accepted:

- First time repeat case should be assigned to the same worker who handled the first case when possible.
- Multiple reports for the same client should be assigned as follows:
 - If a report is received while the previous case is still open, the report will be handled that same way as any other report received while a case is open.
 - If it has been six months or more since the last case was closed, the case will be accepted. The EPS Program Manager, the EPS specialist who handled the previous cases, and that specialist's supervisor shall review and discuss case assignment. The case shall be reviewed and discussed by the assigned EPS Specialist, his/her supervisor, and any EPS Specialist(s) who processed the previous cases. If appropriate, program office staff or others involved with the client may be included in the review.

- If it has been less than six months since the last case had been processed and closed and the finding on the previous case was substantiated or unsubstantiated with concerns, the case will be accepted and the procedure outlined above will be followed.
- If it has been less than six months since the last case was closed, the report involves the same allegation, the same accused and the previous report was unsubstantiated, or the client refused services, the EPS Intake Specialist will gather as much information as possible about any changes in the situation as it was previously reported. This will include at a minimum the following information:
 - Has the client's behavioral or health status changed and, if so, how?
 - Has the client's living situation changed and, if so, how (e.g., new location, new persons in household, loss of or change in caregiver, etc.)?
 - Has any other factor regarding the client's situation changed and, if so, how (e.g., is the client no longer receiving services, is the client not receiving medications or treatment, etc.)?
 - Is the reporter the same?
 - Is there any reason to suspect the reporter's motives?

If there is an obvious change in any factors which might place the client at risk, the case will be accepted and assigned. If the EPS intake Specialist is unable to determine if any factors have changed, the report will be referred to the EPS Regional Specialist who was previously assigned a case for this client/elder. The EPS Regional Specialist will make a follow-up visit or phone call to the client and report his/her findings to the EPS Regional Supervisor to substantiate a new case. In making this determination, in addition to considering risk factors, previous case reports may be reviewed to determine whether the investigations were thorough and/or whether the services offered seemed adequate to address the client's needs. If the decision is made not to open a case, the reject report shall document the findings prior to the review and that contact was made to ensure that the client was safe and/or that the client continues to refuse EPS services. Referrals made on behalf of the client shall be documented in the case record and included in the most recent case file.

Reports received regarding cases on monitoring status will be handled as follows:

- If the report involves a new allegation or a new accused, a new case will be opened and assigned to the EPS Specialist who is monitoring the case.
- If the report involves the same allegation(s) and the same accused, the information will be forwarded to the EPS Specialist monitoring the case for follow-up. After the follow-up, the EPS Specialist will advise intake if a new case needs to be opened.

V. INVESTIGATION & ASSESSMENT

EPS Specialists conduct timely and thorough investigations of all allegations of abuse, neglect, self-neglect, exploitation, and extortion of elders with disabilities. The purpose of an EPS investigation is to determine if the situation and condition of the client warrants protective intervention. These investigations include; a comprehensive assessment of the client's situation and each allegation, a decision regarding the client's capacity, and a determination of the level of risk to the client.

By law, investigation and assessment shall include:

- The nature, extent and cause of any abuse, neglect, self-neglect, exploitation, or extortion;
- The identity of the person or persons responsible, if known;
- An interview with the client;
- An assessment of the client's home; and
- Consultation with other parties who may have knowledge of the facts of the case.

A. Preparing for the Investigation

The EPS Regional Specialist should consult with his/her supervisor prior to beginning an investigation for the following cases:

- Multiple (3) repeat cases for the same elder/client
- Case involves unlicensed facility
- Priority 1 – High Priority Case
- All cases referred to law enforcement at intake (physical and sexual abuse)
- Any case where emergency intervention or removal may be necessary

Except in situations that require immediate response, to prepare for an investigation the following action steps should be taken:

- Review of existing EPS case record files
- Obtain and review records or information pertinent to the investigation and/or assessment, including:
 - Medical and psychiatric evaluations
 - Substance abuse treatment records
 - Information about income and benefits including name of payee
 - Treatment records
 - Contact information for family members, friends, and other persons who can provide information and assistance
 - Contact information for medical and social service providers
 - Legal records, including those related to interdiction
 - Information about services for which the client may be eligible to include copy of the waiver plan of care from LDH for HCBS/Medicaid services
- Contact the reporter (if known) to confirm and/or clarify the original report, address safety issues, etc. Inability to make contact with the reporter should not delay the face-to-face contact. If the reporter cannot be contacted, the EPS Regional Specialist shall document the date, time and method of attempted contact.

- All cases with allegations of physical or sexual abuse are reported to the parish sheriff's department at the time of intake. The Specialist who is assigned the case should make contact with the sheriff's office as soon as possible to determine if law enforcement will investigate the alleged incident. Cases may be transferred to other local law enforcement agencies who have jurisdiction if appropriate. Other cases involving possible criminal activity, such as exploitation, shall be reported to law enforcement by the EPS Regional Specialist. The Specialist may be asked to conduct a joint investigation with law enforcement. If law enforcement requests that the Specialist allow them to investigate first, the Specialist shall comply and resume the investigation as soon as law enforcement has completed their investigation or has indicated that it is appropriate for the Specialist to proceed. The Specialist should request to be kept informed of law enforcement's findings and coordinate services (such as emergency removals) in order to protect the client.
- If law enforcement chooses not to investigate, the Specialist shall document the time and date law enforcement was notified and the result of the contact.
- Develop a plan of action and investigation strategy to include the following:
 - Who will be interviewed
 - Questions for each individual being interviewed
 - What types of evidence will be needed in the course of the interview (physical/demonstrative evidence to include photos, written records, etc.)
 - Safety concerns for EPS staff and individuals involved in the case
 - Timeline for each action step to include priority required time-lines
- If the face-to-face interview will place the client at risk to be interviewed at his/her home, request assistance from the EPS Supervisor for alternative action steps. Unannounced visits and interviews are preferred form of contact when possible. If this is not an option to ensure the safety of the client, the Specialist may telephone the client without alerting the accused prior to the visit to ensure the client is available. If this is not an option, the client may agree to meet away from the home at a safe-private location such as library, EPS Regional office, Day Program facility, Clinic, School, etc.
- The Specialist should identify and respond immediately to medical and other life threatening emergencies. Appropriate medical and/or services to resolve the crisis or assist the family, friends and/or caregivers may be done prior to the completion of the initial interview (i.e.: client is experiencing chest pains, the reporter should be directed to dial 911).
- Ensure that all equipment to process the case and complete the investigation is in working order.

B. Face-To-Face Contact & Interviews

The EPS Regional Specialist is to make a good faith effort to conduct a face-to-face visit with each client within the established time frame for the case priority.

EPS Specialists are required to attempt the face-to-face contact *as soon as possible* after receiving the assigned case for investigation. The case file shall be documented to reflect the face to face attempts and include the following:

- Dates of multiple visits
- Dates of telephone calls to locate client via family, friends, neighbors, etc.
- If efforts to locate are on weekends, or after 4:30 p.m.
- Attempts should continue until the adult is located or it is established he/she cannot be located.

Appropriate case response is where the Specialist makes a rapid, consistent, good faith, and documented effort to locate and protect the adult. Specialists are not to leave business cards at a client's home during an investigation, especially when contact has not been made previously or the accused resides at the same address. During the service phase of a case, if the client is no longer at risk of harm, retaliation, or influence by the accused, business cards may be left, provided they are placed in a sealed envelope.

A Regional Specialist who cannot make the face-to-face contact within the appropriate timeframe shall notify the supervisor of the failed attempt prior to the deadline. The supervisor may grant an extension based on the case circumstances. Prior to making additional attempts, the Specialist should contact the reporter or other persons with knowledge of the client's situation/ schedule for any additional information that may assist in making contact with the client. Any additional attempts to conduct the face-to-face interview should occur within the established timeframe for the case priority. For example, for a Priority 1 case, an additional attempt is made no later than 24 hours from the first attempt. For a Priority 2 case, an additional attempt is made no later than 5 days after the date of the first attempt. If the Specialist is unable to make contact with the client for the face-to-face interview, the Specialist may request assistance from local law enforcement. Death of the client or other factors that place the situation beyond the control of the Specialist should be documented in the case file to justify the failed attempts to conduct the face-to-face interview. A review of the case by the supervisor should be done prior to case closure.

While conducting EPS official business, the Specialist shall present the GOEA identification badge and identify himself/herself by name and as an employee of GOEA/EPS. If the EPS Regional Specialist encounters resistance, the Specialist should advise of the agency role in the investigation and the legal mandate of the agency to investigate the report to ensure the safety of the client. The EPS Regional Specialist may be required to make multiple visits to establish a rapport and trust with the client. When necessary, local law enforcement may be requested to assist or someone familiar to the client to accompany the Specialist to facilitate entry for the interview. If the client refuses to grant Specialist entry, the Specialist shall notify the EPS Supervisor and request next action steps.

Clients who have not been adjudicated incompetent and clearly demonstrate they have the capacity to consent to services may refuse to be interviewed regarding the allegations. This refusal by the client does not remove the agency responsibility to make every effort to assess the client's situation and determine whether the allegations are correct. If a client requests

termination of the investigation out of concern that the investigation will make the situation worse, the Specialist shall request guidance and next steps from the EPS Supervisor. If the client with capacity refuses services later in the process of the investigation, the Specialist shall document the refusal of service and the basis for the determination that the client has the capacity to consent. Documentation of capacity to consent must reflect that the client clearly understands the allegations and the potential consequences of the refusal. Whenever possible, statements from collateral contacts, physicians or other professionals with knowledge of the client's capacity should be included in the case file to support the Specialist's determination of capacity. When possible, the Specialist shall attempt to obtain a signed refusal of services request and provide the client with agency contact information in the event the client decides to accept services.

If the client lacks or may lack the capacity to consent, and entry of the Specialist is denied, the Specialist has exhausted all means to facilitate entry, the EPS Supervisor is to be consulted to discuss legal intervention to gain entry.

C. Investigative Requirements

In the investigative process the following steps shall be taken by the EPS Regional Specialist for case investigation:

- Determine if interpreter services are required. If required, obtain interpreter services to assist with communication in the course of the investigation;
- Obtain signed release of information form from the client giving permission to access any relevant records, reports or any other information pertinent to the case;
- Determine if emergency medical services are required. If medical services are needed, the face-to-face interview may be postponed until the situation and health of the client is stabilized;
- Conduct an assessment of the client to determine the degree and severity of injury, illness, and/or harm. If a medical assessment has been conducted, a copy of the assessment/evaluation should be obtained for the case file;
- Photos should be taken of injuries or relevant conditions. Permission to take photos should be received from the client prior to making the photograph. If permission is not granted, document the attempt and refusal from the client and document the injuries in the case file;
- Observe the client's environment, food supply, and ensure that the utilities are operational;

Interview the client, the accused, the caregiver, family, or others who are or were responsible for and/or assisting with the care of the client, and/or collateral contacts who may have knowledge of the alleged incident or have information pertinent to the allegations or client's general situation. When possible interview in the preferred order:

- The reporter;
- The client;
- Other witnesses;
- Other collaterals, including; neighbors, case managers, doctors, etc.;
- The accused.

- If the client refuses to participate or the client cannot be located, the Specialist shall document all efforts of a “Good Faith Effort” to locate the client and/or interview the client in the case file. Case investigation should be coordinated between the EPS Regional Specialist and law enforcement. The Supervisor should be notified of the case situation. Interviews shall be documented on witness or interview forms. Witness Statements and Collateral statements are required in cases involving provider investigations and in cases that are to be referred to law enforcement during the intake process. When a written statement is not required, the Interview Form should be used to document the interview. If the individual being interviewed does not have the ability or is unwilling to write an official statement, the EPS Regional Specialist should complete the individual’s statement using a question and answer format and ask the witness to sign or mark the statement after reading the statement for accuracy or having the statement read to the individual;
- If the client is on medication that may be a factor in the case, the Specialist should, review the client’s medications;
- In cases involving exploitation and/or extortion or where finances or legal issues impact the client’s situation, review the client’s financial and/or legal records as applicable to the case;
- Request and obtain physical or documentary evidence pertinent to the investigation;
- Where appropriate, the Specialist should seek an evaluation of the incident from medical professionals, for a clear understanding of the client’s physical condition, the client’s capacity, injuries, treatment plans and any other relevant information necessary to complete the investigation and comprehensive assessment;
- Conduct a comprehensive assessment of the client’s general situation including, environment, medical conditions, mental conditions, finances and social supports to determine root causes of the client’s problems; and
- Document all contacts and case investigation activities as appropriate in the EPS data system.

D. Conducting Interviews

The recommended order for interviewing persons associated with the case is as follows:

- Reporter;
- Client;
- Witnesses/collateral contacts;
- Caregiver; and
- Accused.

The inability to interview the reporter shall not delay face-to-face contact timelines. The initial contact with the client should be unannounced if the contact does not place the client at risk. When the EPS Regional Specialist is unable to make an unannounced visit, the EPS Regional Specialist shall document all efforts to contact the client by telephone to schedule an interview.

The client should be interviewed in private. If the client is unable to communicate without an interpreter, the Specialist should provide an interpreter or if an interpreter is available on site, the Specialist must ensure the interpreter is not a component of the case. The Specialist shall not conduct

a joint investigative interview with the alleged abuser and the alleged victim (client). The accused shall be interviewed in private. If there are concerns regarding the safety of the Specialist, law enforcement may be requested to be in attendance to ensure a safe environment for the EPS staff. If the Specialist meets resistance in the interview process, the EPS Regional Specialist should attempt the following:

- Develop a rapport
- Emphasize the role of the agency in assisting the client
- Explain the legal mandate for the investigation

In a final attempt for an effective interview, law enforcement may be requested to assist in the interviews. The EPS Regional Supervisor should be advised of efforts to secure cooperation of the individuals necessary to establish the situation and case findings.

While conducting the interviews, the name of the reporter shall remain confidential and only released to law enforcement for legal action.

The interview questions shall address the following:

- Reported allegations
- Client's Environment
- Client's physical and mental condition
- Client's financial situation
- Client's social relationships
- Other factors related to the protection of the client

The Client's capacity to consent to services should be carefully assessed by the Specialist. The client's capacity may be relevant to the client's ability to refuse EPS services in addition to the client's ability to communicate information relative to the investigation and services.

Interview questions should be open ended. Questions that define "Who, What, Where, When and How" are commonly used to ensure the questions are open ended and do not lead the individual's response. The interview should remain focused on the allegations. To ensure the Specialist has a clear and concise record of the interview, the Specialist should summarize the interview and outline next steps in the process.

E. Investigative Findings

Evidence and cumulative data should be evaluated in regards to the allegations of abuse, neglect, exploitation and/or extortion to substantiation or dismissal of said allegations. Follow-up interviews may be conducted to clarify data and evidence. The following should be reviewed for clarity and case processing:

- Client's account of the situation;
- Witness and collateral statements;
- Statement from the accused; and
- Records, photographs, physical evidence and other supporting documentation.

Evidence and cumulative data should be organized and categorized by allegation in the case record. If there is a dispute in the evidence, the Specialist shall review the evidence and data for credibility and document justification with an emphasis on the facts provided to substantiate or discredit the allegations. The following may be considered:

- Consistent account data
- Motivation of the parties involved in the case
- Proximity to the alleged abuse
- Plausibility of the statements provided by parties involved in the case

The Specialist should determine preponderance of evidence to support the statements and data collected in the course of the investigation. If the preponderance has been determined at a 50% rate of support from the evidence gathered, the Specialist shall determine if the report of abuse, neglect, exploitation and/or extortion have been substantiated.

VI. COOPERATIVE INVESTIGATION PROCEDURES

In the course of the investigation, if the circumstances present abuse, neglect, exploitation and/or extortion to a disabled adult while violating the regulations of another regulatory agency or involves clients of another agency (i.e.: Louisiana Department of Health, Louisiana Department of Children & Family Services, etc.), the Specialist shall enter into a cooperative investigation. The EPS case should be completed and assistance should be rendered when possible to the other investigating agency.

When conducting a joint/cooperative investigation the agency included in the joint investigations should be recognized and documented in the case file. Case processing timelines remain unless an extension has been granted by the EPS Regional Supervisor and/or the EPS Program Manager. All case deadline extensions must be approved and documented in the case file. To efficiently collect data, collaborate and conduct interviews, both agencies relative to the case may be present to conduct the face-to-face interviews. If the interviews are conducted separately, agencies should share pertinent case information received so that case processing may be conducted in an efficient and expedient manner. As in special request investigations, we may share information with the other agencies which are completing investigations and/or provide them with copies of our reports.

When a report of physical or sexual abuse has been received by EPS Intake, the report shall be referred to local law enforcement in the parish where the alleged abuse occurred. Referrals to law enforcement for physical and/or sexual abuse must be sent by close of business the following day of receipt. The EPS Regional Specialist assigned to the case and contact information will be documented on the form for a cooperative investigation. In some situations, law enforcement will conduct the investigation independently. The EPS Intake Specialist will document the referral in the case file and in the EPS data system. The EPS Intake Specialist shall advise the reporter of statute requiring the involvement of law enforcement. The EPS Regional Specialist assigned to the case should contact the local law enforcement entity as a follow-up to offer and encourage a cooperative/joint investigation.

In cases where allegations include criminal event, such as financial exploitation or cruelty to the infirmed, the EPS Regional Specialist shall report the allegations to law enforcement who has jurisdiction. These cases are to be cooperative/joint investigations.

Cases that expand multi regions, the case assignment will be assigned to the region that is most cost and time effective for case processing. If the initial case assignment investigation is not in the assigned region, the Specialist will consult with the regional supervisor, present initial data and request transfer to the appropriate region. The regional supervisors will coordinate the transition for case processing. The Specialist that had the original assignment shall follow-up with the newly assigned Specialist to discuss case findings for a smooth transition.

Cases where the client moves during the investigation, take the following steps to ensure appropriate case assignment:

- The original EPS Regional Specialist shall immediately notify his/her Regional Supervisor of the client's move.
- The EPS Regional Supervisor shall immediately consult with the EPS Program Manager to determine if the case should be transferred. If so, the EPS Program Manager shall notify intake staff member of the move and the two will determine which EPS Regional Specialist in the new region will be assigned the case.
- The original EPS Regional Supervisor shall notify the receiving EPS Regional Supervisor of the case transfer. The receiving EPS Regional Supervisor shall notify the receiving EPS Regional Specialist.
- The intake staff immediately fax/Email scan the receiving specialist a copy of the initial intake report and any attachments. He/she will change the case assignment in the EPS database. The original EPS Regional Specialist must update the electronic record before the case is transferred in the database.
- The receiving EPS Regional Specialist shall immediately contact the original EPS Regional Specialist, who shall forward all relevant information obtained to that point in the case to the receiving specialist. The information shall be forwarded within five (5) working days. If additional information needed to complete the case is located in the original region (e.g., a collateral contact to be interviewed) and is most efficiently obtained by the original EPS Regional Specialist, he/she may be required to obtain this information and forward it to the receiving EPS Regional Specialist.

Cases that have been transferred should maintain the face-to-face contact deadlines. If the newly assigned EPS Regional Specialist is unable to meet the deadline, an extension may be requested/granted by the EPS Regional Supervisor. When possible, the new EPS Regional Specialist receiving the case should have a face-to-face interview with the client within 2 working days if the original Specialist has not yet had the face-to-face interview prior to case reassignment. If the initial face-to-face interview has been conducted by the originally assigned EPS Regional Specialist, the newly assigned EPS Regional Specialist shall visit the client within 5 working days of case assignment. If the client is at risk of harm, the newly assigned EPS Regional

Specialist may be required to see the client prior to the 5 working days, depending upon the circumstances of the report.

All case work shall be completed by the assigned EPS Regional Specialist which includes requests for case documents, case documentation and data entry, referrals of service, case closure and case follow-up.

If clients move after case closure for unsubstantiated allegations, the case will not be transferred to the new region. If during the follow-up, post case closure, the client is at risk of harm in the new environment, a new report shall be taken by EPS Intake. If a client moves and relocates to another region to avoid abuse, either by EPS intervention or other forms of intervention, the Specialist assigned to the case may request assistance from EPS staff in the new location of residence. Once the situation is confirmed safe, the EPS staff in the new location of residence will notify the assigned Specialist of the findings for the case file.

VII. CASE INTERVENTION/SERVICE PLAN

The goal for a successful EPS intervention is to develop an intervention or service plan to alleviate the Abuse, Neglect, Exploitation and/or Extortion, which could prevent the client from living independently in the community. Service plans are developed in conjunction with other agencies or sources of support in the community. Problems and needs are identified in the assessment and investigation of the case. The Specialist shall coordinate services to meet the needs as available within the community to aid the client in remaining safe and independent in his/her home. If crisis interventions are necessary, the Specialist, other agencies, relatives, caregivers, friends and/or the client may take action to ensure the safety of the client. Types of intervention may be as follows:

- Change of payee for Social Security, Social Security Disability or Social Supplemental Income
- Obtaining restraining order
- Coordination and acquisition of food, medication, shelter, utilities, and
- Seeking medical treatment

The client's participation in the Case Intervention/Service Plan are ongoing for clients who have been deemed to have capacity. All activities are client focused, individualized and on a social work model of problem solving. All activities coordinated for the client should be least restrictive, but will support the needs of the client in care, treatment and services. It is the goal of the Specialist to ensure the needs are met and the client is safe and as independent as possible.

Referrals made on behalf of the client are to be conducted by the EPS Regional Specialist. Follow-up should be conducted to ensure services were received by the client. Occasionally, the Specialist may be required to case manage in order to stabilize the client's situation and place the client out of harm's way. If the client has a possible diagnosis of a developmental disability, the Specialist may refer the client for services from the Office of Citizens with Developmental Disabilities. Assistance with application may be provided by the Specialist when necessary. If the Specialist makes the referral and the client and/or caregiver has assumed the responsibility to make application, the case file shall be documented. Follow-up with the client to ensure the client has

received appropriate eligible services. The EPS Regional Specialist may request signatures from the client and/or caregiver outlining the Service Plan.

VIII. REMOVAL OF CLIENT

A. Removal Procedures

In the course of the case processing and investigation, if the Specialist has identified a threat of danger to the client from the home (persons, situation or environmental factors) the Specialist must explore measures that are the least restrictive yet protect the client from harm and the threat of danger. Removing a client from his/her home may include placement of a client in a hospital or long term care facility as a short term solution so that the client may resume independent functions as soon as possible. Removal of a client from his/her home must be approved by the EPS Regional Supervisor prior to the removal. If an individual is identified as the client's caregiver and is willing to assist with the care and safety of the client, the need for emergency removal may not be required. If the caregiver is reluctant to participate and assist in the care plan, or the previously established care plan has not been successful, the safety of the client may require additional action steps to ensure the client's safety. Removal from the home is an action step taken as a last resort. If the threat is an individual that resides in the home with the client, the Specialist should encourage the individual to leave the home voluntarily while the case is being processed. If the threat also serves as the caregiver, the EPS Regional Specialist shall ensure that client's needs are met in the absence of the caregiver. The following action steps may be taken:

- If the threat (accused) is not willing to leave the home voluntarily, the Specialist shall make efforts to coordinate client protection in the home which may include court intervention to remove the threat (accused).
- If the client's safety in the home cannot be guaranteed, the Specialist may outreach to other relatives or friends for short term shelter in their homes. If this placement is available, the Specialist shall interview the proposed caregiver for the placement, visit the home, interview others who may reside in the home to establish the client will be safe in the short term placement.
- If the Specialist cannot place the client or the threat refuses to leave the home, emergency removal may be in order as follows:
 - Client requires immediate medical or behavioral health treatment which is not being provided by the caregiver.
 - The client has been abandoned and is unable to provide for his/her own care.
 - The client's physical or mental condition renders the client incapable of self-protection and self-care, or conditions are likely to provoke further abuse, neglect, exploitation and/or extortion.
 - The threat/accused has inflicted severe pain upon the client or is systematically inappropriate in response to the client's behavior.
 - The client has expressed fear and reluctant to remain with the caregiver and/or accused
 - The caregiver and/or threat/accused has expressed concern about ability to control the abusive/negligent behavior and is unwilling or unable to change due to emotional impairment, mental impairment and/or substance abuse.

- A caregiver has not been identified or available to provide care for the client in need of supervision or care.
- The physical condition of the home poses an immediate and substantial threat in health or safety to the client.
- The client is subject to chronic exploitation, neglect/self-neglect situations that involve the failure to thrive or malnutrition and/or starvation.
- There is a chronic neglect and/or exploitation or a recent crisis or change in the living environment that may result in a dangerous situation for the client.
- The client is sexually and/or physically abused and the accused resides in the home and not willing to leave and the caregiver is unwilling or unable to provide sufficient protection for the client.
- The EPS Regional Specialist, EPS Regional Supervisor and EPS Program Manager must determine the emergence of the situation for an emergency removal. Upon approval for the removal, the Specialist documentation for the action steps to secure safety for the client are as follows:
 - Client's personal identifying information to include:
 - Name
 - Age
 - Date of Birth
 - Personal Financial Resources
 - Medical/Physical condition
 - Medications prescribed/taken
 - Medicare Number/Social Security Number
 - Medicaid Enrollment Number (if applicable)
 - Client's functioning Level as determined during the interview process and medical records
 - Placement availability (placement with relatives, friends, neighbors). When applicable, an assessment of the caregiver (relative, friend and/or neighbor) to include the reliability assessment of the caregiver.
 - Client's capacity assessment so that the client may provide consent.
 - Documentation to substantiate the placement will meet the client's needs and are in close proximity to the client's home and be in the least restrictive setting.

The Specialist role during an emergency removal shall include the following:

- Arranges medical care when necessary to ensure the safety of the client.
- Determines and justifies emergency removal.
- Obtains consent (verbal and written) from the client that is being removed if the client has capacity.
- Initiates supervisory contact to determine action steps when the client does not have capacity to provide informed consent (See Legal Intervention).

- Prepare and support the client during the removal process. When applicable, the Specialist may involve other sources of support to include Case Manager, Therapist, Social Services Counselor, Religious Support.
- Refer and make arrangements for initial services to meet the needs of the client while transitioning in the new living environment.

B. Emergency Removal – Voluntary and Involuntary

When the client has capacity and has given consent for removal (in writing) and has not been interdicted, the Specialist shall notify other persons responsible for the client's care in the home, especially if the caregiver resides with the client. If this notification places the client at risk of harm, the notification may be conducted via telephone when the client is not at home and will not be returning to the home. If additional support is needed, the Specialist may request assistance from local law enforcement. If the client is not able to provide a written statement of consent but has capacity, the Specialist may obtain a written statement from a witness that can verify that the client has granted permission for EPS Services.

When the client has been interdicted due to the client's inability to make decisions in his/her own best interest with regards to health care, food, clothing, shelter, safety, etc., permission for removal must be obtained in writing from the curator/curatrix regardless of the residence of the curator/curatrix. If the curator/curatrix is the accused, emergency court action may be required before removal of the client. If the client's interdiction is partial (financial) yet the client still has capacity to make decisions to his/her residence, the Specialist must obtain the court order, verify authenticity, type of interdiction prior to client's removal from the home.

When the client has a behavioral illness and the client has not been interdicted/adjudicated as incompetent, the client is considered competent. The client's wishes regarding removal must be followed. If the Specialist has suspicion and/or doubts the client has capacity or if the Specialist finds the client's current situation may place the client in danger to his/herself, others or is gravely disabled, the Specialist should discuss concerns and findings with Supervisor prior to removal. All supporting documentation should be requested to support all actions by the Specialist.

The following criteria should be reviewed and considered prior to emergency removals:

- The client is at immediate and present risk of harm from abuse, neglect, or self-neglect in the current living environment.
- The EPS Regional Specialist is unable to remove the threat of danger to the client at the current living environment and/or is unable to provide services to protect the client from harm.
- There are no other persons authorized by law or court order (curator/curatrix) to provide consent for the client and the client.
- The current curator/curatrix for the client is unwilling to arrange for protective services for the client, unwilling to agree to removal and the client has refused removal, or the curator/curatrix is unavailable.
- The client lacks the capacity to consent and refuses to leave his/her residence.

- The client has been declared incompetent, homicidal, suicidal, or gravely disabled and refused to leave.

IX. CASE MONITORING

Case monitoring may continue post case closure to ensure the safety of the client has been secured. Case monitoring shall include, but not limited to the following:

- Client's situation and level of risk.
- Implementation of service plans, referral status and the results achieved are to the best interest of the client at a satisfactory level to the client and client's well-being.
- Modify service plan as the client's situation and level of risk has changed.
- Evaluate and assess new information reported on behalf of the client.

Cases that may be considered for monitoring status may include, but are not limited to:

- Cases that involve clients who have behavioral illness and may have a history of non-compliance with treatment.
 - Review family supports
 - Mental/Medical rehabilitation supports
- Cases where services necessary for safety and independent living of the client are not currently available.
- Cases where placement has been requested and application has been submitted, but placement is not expected in the near future (rehabilitation facility, long-term care facility, group home).
- Cases that may involve legal actions to include judicial commitments or ex-parte orders.
- Other case monitoring as deemed by the EPS Regional Supervisor.

A. Case Monitoring Requirements

Case monitoring must have prior discussion and approval from the EPS Regional Supervisor. The Specialist must justify the need for monitoring post case closure. Tracking the case activity shall be the responsibility of regional staff to include the EPS Regional Supervisor and Specialist. All activities are to be noted in the case file and the EPS data system. Follow-up activities are to be conducted by the Specialist at a minimum of quarterly and more frequently as identified in the care service plan. Failed attempts to visit the client shall be documented in the case file and data system. The Specialist may make telephone contact with the client's consent (with client's that have capacity) as needed with additional parties to verify the client's situation and safety. At such time that monitoring is no longer necessary, upon discussion and confirmation with the EPS Regional Supervisor, case monitoring may be discontinued. The EPS Regional Supervisor will remove the case from monitoring status.

B. Service Refusal

Clients that have capacity may refuse services offered by the EPS Program. If a client that has capacity refuses/declines services, the Specialist should receive written confirmation from the client of the client's wishes. If the client refuses to sign or is unable to sign the refusal of services

statement, the EPS Regional Specialist shall document the refusal of services. A copy of the form shall be provided to the client for his/her records. If a client does not have capacity and are at risk of harm, the Specialist may consider legal intervention.

X. LEGAL INTERVENTION

A. Legal Procedures

The necessity and decision to initiate any type of legal action such as orders of protective custody, judicial commitments, interdictions, and ex-parte orders shall be made after the Specialist has justified the need for action and has received prior approval from the EPS Regional Supervisor, EPS Program Manager and GOEA General Counsel. If the case requires filing of legal documents by GOEA staff, the EPS Regional Supervisor shall consult the GOEA General Counsel and EPS Program Manager for action steps and approval prior to filing any legal documents. The following actions may be available with legal intervention:

- Orders to Enter the Home: Except in cases where there is known danger to the Specialist or where the Specialist has been refused or denied access to the client, the home, or another location where the alleged incident of abuse took place, the Specialist shall attempt to explain and discuss the purpose for EPS Program involvement. The following shall be discussed:
 - EPS role, responsibility, and authority under La. R.S. 15:1507
 - Why the face-to-face interview is necessary
 - What other resources and services may be available to the client

If access continues to be denied for the initial face-to-face interview, the Specialist may request assistance from local law enforcement. If the face-to-face interview places the Specialist and/or client at risk of danger and law enforcement is not available and access continues to be denied, the Specialist may request court intervention with approval from the EPS Regional Supervisor in preparation of court intervention. Upon completion of the affidavit which justifies the action request, the EPS Regional Supervisor will consult the GOEA General Counsel and EPS Program Manager for approval of intervention measure. Once submitted to the court by GOEA General Counsel, and an approved Order to Enter is granted by the court, the Specialist shall obtain law enforcement assistance in serving and enforcing the court order.

- For Non-Emergency Civil Interventions under La. R.S. 15:1507, the District Attorney's Office or the Elderly Protective Services Program have been authorized to initiate civil interventions if abuse, neglect and/or exploitation have been identified and the situation cannot be resolved without intervention. EPS Regional Supervisors will consult the GOEA General Counsel for approval and appropriate action steps to be taken by the Specialist. GOEA General Counsel will determine if the case is justified to be referred to the District Attorney or remain with GOEA for case processing. GOEA General Counsel shall prepare required documentation, along with an affidavit prepared by the ESP Specialist, and a verification signed by the EPS Regional Supervisor or EPS Program Manager, to be filed as outlined in R.S. 15:1507(f).
- Specific interventions may be requested to include:
 - Order for mandatory counseling for parties involved to prevent further abuse
 - Injunction against parties contributing to the abuse

- Injunction against any party interfering with the provision of protective services
 - Order to provide protective services
 - Order to have the client receive medical, psychiatric, or psychological evaluations to determine capacity and the least restrictive intervention
- These intervention orders/injunctions may be used as remedies/solutions and may become a component of the client's service plan. If the client's capacity is in question, an order to have the client evaluated may be used if consent for services is questionable. Orders to provide protective services require that the client lack the capacity to make decisions and/or consent to services. Such orders must have supporting documentation in the case file and in the electronic EPS system. If the client lacks capacity and is not safe and in harm's way and does not have a caregiver/curator/curatrix with legal authority to consent to services (or not willing to do so), orders may be requested for protections necessary to ensure the safety of the client (LA R.S. 15:1508(5)). Intervention orders are effective for 180 days and may be renewed for an additional 180 days and annually thereafter. Documentation presented to the court must reflect the continued need for the client. A court hearing will be set, at which time the personal appearance of the EPS Specialist is required. All action steps for intervention must be approved by the EPS Program Manager. Cases with long term orders shall remain in monitoring status until the client no longer has a need.
- Ex Parte Orders may be requested if the client is believed to be at immediate and present risk of substantial harm or deterioration from abuse, neglect, or self-neglect and the client lacks capacity to consent, or with the consent of an adult who has capacity, an ex parte order to provide emergency protective services may be sought. The Specialist must consult the EPS Regional Supervisor, EPS Program Manager and GOEA General Counsel for approval and action steps. If appropriate, the Specialist shall prepare and file the petition and affidavit. Ex Parte orders and orders for protective services may request specific services in the order to ensure the needs and safety of the client are met, according to La. R.S. 15:1511. The Court may issue an order for protective services with the time frames noted for Non-Emergency Intervention orders.
- Serving Court Orders will be conducted by the local Sheriff's office. The Code of Civil Procedures provides that the Office of the Sheriff is the executing officer for the district court and shall serve all citations, summons, etc. and execute all writs, orders and judgements. For city and parish courts, the Marshall or Constable shall perform the service of court orders. When applicable and authorized by the local sheriff, the Constable and/or Marshall may serve court orders in the district within the territorial boundaries of the lower court. The Specialist shall hand carry the orders through the system and shall contact the Sheriff's Office for assistance in having the order executed. In situations where the order was obtained in the parish court or city court, the Specialist should contact the Constable or Marshal's office for assistance in executing the order. In no instance should the Specialist attempt to execute an order. If the order involves removal of the client from the home, transport of the client for evaluation and/or placement of the client to another location, the Specialist must be present when the order is executed. The Specialist must coordinate any necessary services so that the services are available at the time of execution of the order. If the order is a restraining

order or other order that does not involve removal or custody of the client, the Specialist is not required to be in attendance at the execution of the order but is required to follow-up to ensure services are provided and the client understands the situation, service plan and services being provided.

- Interdictions may be sought as follows:
 - An investigation for abuse, neglect, exploitation or extortion has been substantiated;
 - Legal intervention has been determined by EPS to be necessary to prevent further abuse, neglect, exploitation or extortion of the adult after other less restrictive options have been explored including, but not limited to:
 - Community Services (Social, Medical, Financial, and/or Legal)
 - Family Involvement
 - Representative Payee
 - Emergency Protective Services Order
 - Judicial Commitment by a treating facility
- When an interdiction is necessary to protect the client, EPS shall attempt to make contact with family or other interested parties (as appropriate) that may be able to initiate an interdiction. EPS does not accept cases for investigation or initiated interdictions solely due to a person's lack of capacity to consent to medical treatment and has no legally authorized person to do so on his/her behalf. Such cases are to be processed pursuant to the state Medical Consent Law, found in La. R.S. 50:1299.5, et seq. Guardianship services, which include the management of an interdict's finances and personal care and well-being, are provided through contract to provide curator or representative payee services for victims of abuse referred by EPS following substantiated cases of abuse, in which a client is ultimately interdicted.
- Other Legal Interventions may be necessary as a component of the intervention and service plan to ensure the safety and well-being of the client. The following are examples:
 - Removal of a curator or tutor.
 - Judicial Commitment (MR or MI) initiated by medical professional (Doctor) in accordance with La R.S. 28:54.
 - Order for protective custody (OPC) which is sought by a parish coroner in accordance with La R.S. 28:53.2.

Admission to a behavioral health treatment facility shall be requested in accordance with La R.S. 28.1, et seq., and not pursuant to APS Statute. Specialist shall not pursue an OPC unless the Specialist has justification to support this action and has had discussion and approval from Supervisor, EPS Manager and GOEA General Counsel prior to next steps to include signature of OPC affidavit. Examples for justification:

- Visual evidence by the Specialist
- Client Assessment validates action

The EPS Regional Specialist may assist family members in an OPC if initiated by the family of the client but must refrain from endorsing the OPC affidavit.

Clients have the right, prior to a declaration that he/she is incompetent or committed to a mental institution, to due process of law. In any proceeding initiated pursuant to the APS law, the client is entitled to be represented by an attorney. If the client does not have, or cannot afford and attorney, one must be appointed by the court.

B. Other Legal Issues

If a case has involvement in interdiction, the Specialist shall:

- Request letters of curatorship and/or a copy of the court judgement issued by a court of competent jurisdiction in Louisiana. A review should be completed by the EPS Regional Supervisor to provide action steps to the Specialist as it pertains to full interdiction or limited interdiction.
- In situations where the curator is not the accused, the Specialist will process the case with and/or through the curator. The extent of the curator's involvement will be contingent upon the interdiction.
- In situations where the curator is the accused, the Specialist will process the case in accordance with standard operations. The Specialist shall seek EPS Regional Supervisor support for situations where the accused may interfere or deny access for the investigation. If allegations are substantiated that the perpetrator is the curator, protection may be needed on an emergency basis. The EPS Regional Specialist shall consult with the EPS Regional Supervisor to begin the process to take legal action.

Guardianship services may be required to assist the client with money management or guardianship. If the investigation substantiates the need for guardianship services, the EPS Regional Specialist will review and consult the EPS Regional Supervisor for eligibility and approval to move forward with the guardianship referral of service. The guardianship service provider will be notified of the referral by submission of the LGS Referral Form.

In cases that involve mental health, the Mental Health law, La. R.S. 28:30, et seq., may be referenced. When identified as a need, the Specialist may seek assistance from the coroner's office to evaluate a client for capacity. Typically, clients will not be evaluated in the field setting. After approval from the EPS Regional Supervisor, the Specialist will only sign and submit an affidavit or official OPC documentation if the Specialist has seen the client, assessed the client and through observation determined the client is at serious risk of harm if not examined or treated. In some instances, the local coroner's office cannot issue OPC for the client and thus will require an appearance before a judge.

When obtaining the OPC, the EPS Regional Specialist should consider the facility evaluating the client for capacity. It is preferred that assessments are conducted at a facility where the client may be assessed by a psychiatrist. The Specialist shall notify the facility and/or the doctor the client being brought for evaluation along with any additional information necessary for the assessment. This shall include information obtained in the interview, what the EPS Regional Specialist has observed or any reliable witness statements that may assist the doctor in his/her assessment.

If the client is a victim of domestic abuse, the Domestic Abuse Law may provide a civil remedy for immediate and accessible protection from the perpetrator who is a parent, child, sibling, grandchild or other member of the household. These laws are located in: La. R.S. 46:2131, et seq.; La. R.S. 9:361, et seq.; and La. CCP art. 3601, et seq.

If the client has established a Power of Attorney (POA), the EPS Regional Specialist should obtain a copy of the POA to determine who has been granted the POA and if the client has been victimized from use for personal gain and/or exploitation. If the client has capacity, the client may revoke a POA which should be in writing and copies of the revocation should be sent to medical and financial representative that would have an interest in the client's financial and medical well-being and the individual who privileges of POA have been revoked. If the client chooses to revoke a POA, an attorney is not required, but may be obtained to assist the client through pro-bono legal services when available.

If the client does not have capacity and was either coerced or had capacity, but does not have capacity at the time of the investigation, the Specialist shall process the case to ensure the safe from all threats of abuse, neglect, exploitation and extortion.

XI. CAPACITY

Capacity to consent is the ability to understand and appreciate the nature and consequences of making decisions concerning one's person, including but not limited to, provisions for health or mental health care, food, shelter, clothing, safety, or financial affairs. In EPS non-licensed and provider cases, the EPS Regional Specialist must screen the client for capacity to consent to protective services. When the client is at risk of serious harm and cannot or will not consent to protective services that may remedy the threat to serious harm, the EPS Regional Specialist must take steps to assess and evaluate the client's capacity. A definitive capacity assessment can only be made by a physician or a trained behavioral health professional, but the EPS Regional Specialist may make an informed judgment regarding the client's capacity and if appropriate the Specialist may obtain further professional assessment of capacity. Obtaining a proper assessment of capacity ensures the protection of the clients that cannot protect themselves, but respects the right to self-determination for clients that have the capacity to choose if they wish to remain in situations that may put them at risk of harm. Involuntary services are provided when clients who lack the capacity to consent to services are in danger of serious harm or death. Proper assessments of capacity may assist in cases to determine the degree to which the client can communicate accurate information about his/her situation and participate in service planning.

The EPS Regional Specialist must use information obtained during the interviews, both verbal and visual and while processing the case to determine the client's capacity. The following techniques may be used to assist the EPS Regional Specialist in determination of capacity:

- The EPS Regional Specialist may conduct multiple client visits to more accurately assess the client's capacity as medical, psychiatric conditions, medications, environment and other factors may not be present for the first interview.
- The EPS Regional Specialist should evaluate and review past evaluations and medical conditions that may impair thinking and decision making especially if the client has a

diagnosis of behavioral illness, intellectual disability, brain injury, dementia, delirium or other medical conditions that hinder capacity

- If a diagnosis has been made, the Specialist should speak with and obtain medical evaluations related to the condition.
- If the client is receiving or has received publicly funded services from state agencies such as OCDD, OBH or OAAS, the Specialist should request the case files to determine the client's current capacity.
- If the client has not been evaluated for conditions that may impair his/her capacity or the existing evaluations do not address the client's current capacity status, the Specialist should make efforts to obtain an evaluation for a physician or a behavioral health specialist/psychologist. The EPS Regional Specialist shall inform the physician or behavioral health specialist/psychologist of the nature and scope of the situation or decision for which capacity to consent is in question as well as any additional information that may assist in the assessment process. This may include, but is not limited to, home environment, past medical history (if not available to medical professional), current medications, current treatments, social interactions, and support and substance use/abuse issues.
- If the client appears to lack capacity and is at risk of serious harm or death, but refuses to be evaluated for capacity, the Specialist shall review the case findings with his/her Supervisor to consider a petition to the court for an order to evaluate the client's capacity.
- The EPS Regional Specialist should use structured interview questions to assist with determination of capacity to consent. The Specialist must determine if the responses are appropriate and practical. The following questions may be used:
 - If you discovered that your home was on fire, what would you do?
 - What would you do if your check was late or you didn't receive your check (insert Retirement Check, Social Security, SSI)?
 - What would you do if you were sick and couldn't cook or clean your home?
 - What would you do if your caregiver (insert sister, son, daughter, neighbor, housekeeper) wasn't able to come for three or more days and you had nobody to cook or clean for you?
 - If you have a serious medical emergency and you couldn't contact a doctor, what would you do?
 - We talked about the problems and alleged abuse. How are you going to handle it?
 - What do you think will happen if you do nothing about the alleged problem?
- The EPS Regional Specialist shall present the information and data for review with his/her Supervisor for risk level, client's capacity and next steps which may include legal intervention. If legal intervention is required, the EPS Regional Supervisor shall consult GOEA General Counsel and EPS Program Manager.
- The EPS Regional Specialist must document all activities that involve client capacity to include observations, environment, collateral statements and assessments obtained by medical professionals which determine capacity or lack of capacity.

- For cases that involve client capacity and the client is not at risk of serious harm, the EPS Regional Specialist shall make efforts to link and refer the client to all available services and natural supports that would reduce the risk.
- For cases that involve client capacity and the client is at risk of serious harm but refuses protective services, the EPS Regional Specialist shall document that the client clearly understands the risk and obtain a written statement (Service Refusal Form) from the client acknowledging that he/she has been offered protective services and chose not to accept.

XII. DOCUMENTATION

The EPS Regional Specialist shall document case processing and investigation findings to include service planning, referrals, financial records, medical records and collateral contact information as appropriate for the allegations. All documentation will be recorded in the case file and electronic case record in the EPS database. All case records are to be maintained in a secure location and kept confidential. Records shall be destroyed in accordance with the GOEA retention schedule found in the GOEA Personnel Manual. The electronic case file shall contain information pertinent to the following:

- Client contact information and situation
- Accused
- Investigation
- Case notes
 - Case Description
 - Follow-up
 - Staff Notes
 - Activities
 - Case Narrative

The case file (electronic and hard file) should contain the following components:

- **Narrative:** Case file entries should be concise and detailed. If a client has multiple cases open at one time, components of the other case file may be included in the case file, but the entries must delete information that is not pertinent to the case. They should address the following:
 - Summary of findings
 - Allegations
 - Capacity
 - Level of Risk
 - Service Plan
 - Outcome
- **Summary:** Should include a comprehensive assessment of the client's situation which includes the following and is specific to the allegations:
 - Environment
 - Mental Status
 - Physical condition
 - Finances

- Social Interactions of the client
- **Allegation:** Each allegation or problem should be addressed individually. The documentation shall include a presentation of all pertinent evidence discovered during the investigation and case processing related to the allegation.
- **Capacity:** Capacity to consent must be determined by the Specialist and is a component of the overall assessment of the mental status. This should be clearly documented based upon the Specialist's observations, collateral evidence, interviews, professional evaluations and the client's responses to target questions deemed to assist with capacity assessment.
- **Level of Risk:** The Specialist shall determine the Level of Risk for the client based upon the environment, face-to-face interview of the client and other pertinent data collected during the investigation. If the client is interviewed away from the home, the Specialist may need to visit the home to establish the environment situation. Ratings of Risk should be noted as follows:
 - Low Priority
 - Medium Priority
 - High Priority

Note: If the ratings of risk is different than the numerical score that is entered in the electronic case file record, the EPS Regional Specialist must explain and document the discrepancy.

- **Protective Service Plan:** The EPS Protective Service Plan shall be documented for both the actions planned to resolve the client's problems and the service plan results. The EPS Regional Specialist should include the following:
 - Each issue, problem or risk factor
 - Outline of the Action Plan
 - Person who will perform the task/action step
 - Expected completion date
 - Specific results expected
 - Completion notes
 - Completion date: For tasks that are on-going, the EPS Regional Specialist shall note the task is on-going and will not have a completion date.

The Action Steps should include ALL action steps to include crisis intervention services arranged or provided, minimal narrative information and case findings that substantiate or unsubstantiated with concerns and a service plan is not required. If the service plan is not required, an explanation should be noted.

- **Outcome:** The case outcome shall be documented to include:
 - the client's situation and the status of the problems at the point of case closure. This will be the overall outcome of the case investigation and processing.
 - References to the results of case activity and actions within the service plan and how these activities have made an impact to the problems identified while processing the case.
 - The client's risk level, all efforts to reduce the risk and if no attempts to resolve the issues and problems that increase the client's risk of harm
 - Client's placement, type of placement and facility of placement. The EPS Regional Specialist should verify and document the placement.

- Allegation status: Substantiated and/or unsubstantiated.
- For cases with unsubstantiated allegations but the EPS Regional Specialist has concerns, this information should be noted in this section.

Release of written information from EPS case records shall be requested in writing and responded to by the GOEA General Counsel. The Appointing Authority of GOEA is considered the official custodian of information retained in EPS case records. In accordance with La R.S. 15:1701(I)(1)), information in case records, other than the reporter's name, may be shared with social service agencies, licensed health care providers, and appropriate state or local agencies as needed for the purpose of coordinating services or treatment to remedy abuse, neglect, exploitation and/or extortion of the client. Information including the reporter's name may be shared with law enforcement agencies that are pursuing criminal investigations related to the case. This information may be shared verbally or in writing, provided that referrals to the District Attorneys pursuant to La R.S. 15:1607 (F) shall be in writing. The case record shall be documented with the date the information was released, the name of the agency, the individual and content of the information that was shared. Medical records shall not be shared without the consent of the client. If written permission is obtained from the client or his/her legal representative, the medical information may be shared. If the client or his/her legal representative requests a copy of the case file, the following action steps shall be followed:

- Request must be in writing and addressed to the appointing authority as the official custodian of the records.
- Prior to release, the identity of the person making the request must be verified and imitated by the client and/or the legal representative on behalf of the client
- Individuals claiming to be the legal representative of the client have been duly authorized and has provided valid written authorization to act as the legal representative
- General Counsel must review and determine information to be released
- Documents to be released must be redacted to protect the confidentiality of information to be released to include the identity of the reporter and any other individuals whose safety and/or welfare may be endangered by disclosure

Investigative Decisions

In case processing, the investigative decisions made by the Specialist may be documented by specialized codes.

- Substantiated
- Unsubstantiated with concerns
- Unsubstantiated
- Non-Finding

In the investigative process, the EPS Regional Specialist shall determine the action steps to ensure the client's safety. The case allegations may be "**Substantiated**" or "**Unsubstantiated**". In some situations, the unsubstantiated allegations may have remaining concerns that may place the client at risk. If the allegation is substantiated and the client needs protective services, the following must be established:

- Client has the capacity and consents to EPS services. The client must be able to make informed decisions and agrees to the service plan and service delivery initiated by the EPS Regional Specialist
- Client lacks capacity to consent to receive services, or if capacity is questionable and the risk is high for harm. When there is no responsible caregiver available to assume the responsibility for the client, or the caregiver refuses protective services for the client, short-term protective services may be initiated via an ex-parte order or through petition of the District Attorney. A petition for protective services, interdiction or judicial commitment may be filed to allow for a greater range of services.
- Client has capacity and refuses to accept the EPS services. Cases of refusal will be reviewed by the EPS Regional Supervisor for alternative case planning that would be beneficial to the client and accepted measures to ensure the client's safety. If the client refuses the alternate case planning measures, the case will close.

If the case is unsubstantiated the case should be reviewed carefully to ensure there are no pending risk factors that would impede the safety of the client. When sufficient risk factors for the client's safety have been identified by the Specialist, but the allegations do not have sufficient and credible evidence to substantiate, the Specialist may propose intervention options to ensure the safety of the client with the exception of legal intervention. Service plans are not necessary for unsubstantiated cases but referrals for services to facilitate needs of the client may be offered to the client.

If a case is unsubstantiated due to the location is unavailable of the client, the following must be true before the case can be closed with "Non Finding":

- The client could not be located at the address or location provided by the reporter; or the actual resident at the reported address had no resemblance to the subject of the report;
- The reporter could not be contacted or could not provide an adequate address;
- The EPSM data system review did not have an adequate address for the client;
- Neither the named adult's neighbors, relatives, City Directory/Directory Assistance, local law enforcement were able to provide information about the client's whereabouts;
- EPS Regional Supervisor and EPS Program Manager has approved to discontinue efforts to locate the client

Other reasons to justify case closures for unsubstantiated allegations are:

- Deceased Client: If the client is deceased prior to or after an investigation has begun and the death is unrelated to the allegations, or there is no reason to continue the investigation (no criminal acts are involved, the case may be closed post approval from the EPS Regional Supervisor and EPS Program Manager.
- No Longer at Risk: The client has been removed from danger prior to the intervention of EPS and is not in need of EPS services. No known criminal activity involved. The case may be closed with approval from EPS Regional Supervisor and EPS Program Manager.

- **Does Not Meet Eligibility Criteria:** The investigation may be halted before a finding if it is determined the client does not meet the eligibility criteria. The case may be closed with approval from EPS Regional Supervisor and EPS Program Manager

Upon completion of the investigation and implementation of the EPS service plan, the case shall be closed. Closure reasons must be justified and documented for each incident and must be appropriate to the findings. A substantiated finding will take precedence over an unsubstantiated or non-finding closure reason. If there is no substantiated finding and at least one unsubstantiated finding, then a closure reason for unsubstantiated findings must be used. If there are no substantiated or unsubstantiated findings, then a closure reason for non-findings must be used. The allowable closure codes for each of the substantiated case findings are shown below:

- **Case Stabilized, Service Plan Complete:** Service plan has been developed, implemented and the client is safe or has been reduced as much as possible.
- **No Longer At Risk:** The danger or risk has been removed without a service plan or EPS service intervention.
- **Services Refused:** The client has capacity and has refused services.
- **Moved – Can't Locate:** The client has moved and the EPS Regional Specialist is unable to locate the client.
- **Deceased – Other Action Taken:** The client is passed away during the course of the case investigation. The EPS Regional Specialist determined the death may be related to maltreatment and has referred the case to local law enforcement and/or the District Attorney.

Allowable closure codes for unsubstantiated case findings are shown below:

- **Services Needed-Referred to Another Agency/Program:** The client's situation can be improved with additional services. The client has been referred to other agencies for services.
- **Services Refused:** The client has capacity to make informed decisions and has refused EPS services.
- **Deceased – No Further Action Needed:** The investigation is complete, the client died and the allegations were unsubstantiated. Death does not appear to be due to maltreatment.
- **No Services Needed:** The client does not need EPS services or is already receiving all of the services he/she needs.

Documentation

EPS consists of procedures, action steps, and services necessary to protect the client from abuse, neglect, exploitation and extortion. Complete, concise, accurate and current documentation is required to effectively preserve information regarding the activities of the EPS staff, support legal interventions and comply with legal requirements. Additionally, documentation provides a source of data to be used for agency planning, identification of systematic problems, monitoring staff performance, and creating records for the staff.

EPS policy requires that all cases are documented as the case is processed. The first data entry for a case file shall be entered into the electronic database no later than 5 working days upon completion of the first contact. The following minimum data shall be documented:

- Efforts made to contact the reporter, client and other persons relevant to the case allegations; and
- Face-to-face attempt date; and
- Any additional efforts made and the results of those efforts.

Documentation must be recorded even if the initial face-to-face is not successful. The record must be updated again no later than the close of the third business day after the face-to-face interview has been conducted.

Case updates, service plans, case findings and any continued activities are to be recorded as they occur until the case is closed. At a minimum, the first update is to be made no later than 35 days after the case accepting date and must include the following:

- Investigation completion date and findings
- Initial assessment narrative which addresses allegations, capacity of the client and level of risk
- Initial risk assessment score
- If the case finding is substantiated or unsubstantiated with concerns, the service plan narrative shall be entered and/or justified
- Current activity entries

As new information becomes available during the course of the case, new entries to the first update may be made and will become a component of the final report. The EPS Regional Specialist shall clearly communicate the initial assessment, whether or not protective services are needed and if so, what action steps are necessary to address the need. Subsequent entries are required no later than every 30 days thereafter until the case is closed.

Outcome Coding

In addition to closure codes, each EPS case must have one or more outcome codes. The outcome codes shall describe the condition of the client at the time of case closure. With the exceptions noted below, any outcome code can be use with any finding. The exceptions are that the “deceased” outcome may only be used with the reasons for closure of “Moved, Can’t Locate and Does not meet eligibility criteria”:

- Outcome codes for allegations of neglect or self-neglect
 - **Client and/or caregiver providing for basic needs:** The client’s basic needs are being met either through his/her own efforts, efforts of a caregiver or both. This may or may not be as a result of an EPS investigation.
 - **Client has family, friends, others providing support and assistance:** The client has a support system that is providing for his/her needs. This may or may not be as a result of EPS intervention.

- **Client know to service system and already receiving services:** The client is already receiving needed services. This outcome may be used with unsubstantiated cases.
- **Client's resources and assets being managed properly by client or competent other:** This would be used as an outcome for exploitation or extortion allegations. This may or may not be as a result of EPS intervention.
- **Client's Situation Safe:** The client is no/no longer at risk of harm. This code may be used if the client is placed in a long-term care facility, perpetrator has been removed, and if the cases is unsubstantiated and it was determined there is no evidence of the client being at risk.
- **Client is Deceased:** The client died during the course of the investigation.
- Outcome codes for allegations of physical, emotional and/or sexual abuse
 - **Maltreatment Continues:** The case has been substantiated and the Abuse, Neglect, Exploitation and/or Extortion is ongoing. This situation should only be viable if the client has capacity to consent and refuses EPS services. If the client does not have capacity to consent and the maltreatment is ongoing, legal intervention should be explored. The case should be reviewed and approved by the EPS Regional Supervisor for appropriate coding and action steps.
 - **Maltreatment Reduced:** The case has been substantiated and the extent of Abuse, Neglect, Exploitation and/or Extortion has been reduced, but not entirely eliminated.
 - **Maltreatment Stopped:** The case has been substantiated and the Abuse, Neglect, Exploitation and/or Extortion has stopped.
- Undetermined Outcomes
 - **Undetermined:** This outcome code should only be used if the case investigation was not completed due to the client moved or could not be located. This outcome would predominately be utilized with non-findings.

Legal Action Events

Any legal actions taken during the course of case processing should be documented in the "Events" table of the EPS Data System. The following events may be utilized:

- **Criminal Charges Filed/Arrest Made:** Charges have been filed against the perpetrator and/or he/she has been arrested.
- **Oral Ex Parte Order Issued:** A verbal order has been obtained for protective services due to the seriousness of the situation. A verbal order must be followed by a written petition for protective services filed by the close of the following business day.
- **Petition for Ex Parte Protective Services Filed:** A petition for protective order under LA R.S. 15:1511 has been filed with the District Court.
- **Ex Parte Protective Order Obtained:** A protective order has been obtained under LA R.S. 15:1511 by the GOEA General Counsel or District Attorney.
- **Petition for Protective Services Filed (Not Ex Parte):** A petition for a protective order under LA R.S. 15:1508 has been filed with the District Court.

- **Order for Protective Services Obtained:** A protective order (which may or may not include placing the client in custody) has been obtained under LA R.S. 15:1508 by GOEA General Counsel or the District Attorney.
- **First Hearing Held on Petition:** The initial hearing, which is required by law, has been held on the petition for protective services.
- **Follow-Up Hearing Held:** A hearing has been held on the Order or Judgement in accordance with the law.
- **Next hearing Due:** orders for protective services have a duration of 180 days, and an extension of the order may be filed with the court. After the initial hearing is held, the EPS Regional Specialist should calculate the date the order will expire and document the due date with the event.
- **Case Dismissed/Order Allowed to Expire:** The petition for protective services has been dismissed by the Judge or an order for protective services in place has been allowed to expire because the client's situation has improved to such a degree that the protective services are no longer needed.
- **Judicial Commitment Obtained:** The client has been judicially committed according to mental health laws.
- **Order of Protective Custody Obtained:** The client was OPC'ed, CEC'ed, or PEC'ed for evaluation under mental health laws.
- **Consent Agreement Issued/Signed:** An agreement on the protective services that will be provided to a client has been reached without the need for a hearing. This agreement has been filed with the court.
- **Interdiction Obtained:** A client does not have capacity and has been deemed incapable of making decisions regarding his/her personal well-being and/or property by a court of law.
- **Referred to District Attorney:** The case has been referred to the District Attorney for civil or criminal action.
- **Referred to Law Enforcement:** The case has been referred to law enforcement for investigation of potential criminal activity. This event must be entered and documented that in the case processing and investigation, the Specialist discovered potential criminal activity and/or abuse and has referred the case to the law enforcement if the EPS Intake Unit has not already reported the situation to law enforcement. Intake may use this event for cases of physical and sexual abuse as required by law.
- **Referred to the Attorney General:** The Attorney General shall be notified of any consumer or Medicaid fraud against an EPS client has been discovered during an EPS case processing/investigation.

Case Monitoring shall be conducted for cases that have been closed, but require the Specialist to continue to work with the client after the case is officially closed. Any cases where the client is subject to a protective order at closure should be placed on monitoring status. Any documentation post closure should be included in the "Follow-Up" section of the electronic case record. Cases on monitoring status are to be updated as often as the client's situation changes, but no less than quarterly. EPS Regional Supervisors shall review and approve prior to removal from monitoring status.

XIII. SUPERVISION

Supervisors in the Elderly Protective Services Program have the responsibility of providing support and guidance to the Specialists to enable the Specialists to perform reliable and efficient work in assessing and protecting vulnerable individuals who are at least 60 years of age. The EPS Regional Supervisors are to identify situations and problems that may result in sub-standard performance and take action steps towards corrective measures to ensure efficient and effective case processing. In this process, the EPS Regional Supervisors shall review and manage the work load of the Specialists as follows:

- **Response Times:** The EPS Regional Supervisor shall assure that the Specialist has responded within the time frames outlined in the priority system and conducting the face-to-face interview with the client in need of protection. In addition, the EPS Regional Supervisor must review case situation to assist the EPS Regional Specialist in development of appropriate interview questions and documentation needs to provide a complete assessment of the situation. This is vital for High Priority (Priority 1) cases and repeat cases.
- **Emergency Services:** The EPS Regional Supervisor shall assist/intervene when the Specialist is unable to arrange for emergency services/crisis intervention to protect the client from further harm or when services are unavailable. If the Specialist is unable establish the needed services in a regional level, the EPS Regional Supervisor may make contact with other provider agencies in the service area and/or state office providers to assist with service delivery.
- **Consultation and Advise:** The EPS Regional Supervisor shall review new case assignments upon assignment. The EPS Regional Supervisor will consult and “staff” the case with the assigned Specialist prior to the initial contact interviews when necessary and/or required especially for cases that appear to be complex, sensitive, high priority, repeat cases, cases referred to law enforcement at intake, cases involving an unlicensed facility and any other complex case. The supervisor shall be available to the Specialist for guidance, technical assistance and direction in all aspects of case processing and investigations to include service plan development. The EPS Regional Supervisor will review, consult and “staff” all cases prior to case closure. Case closure “staffing” shall be noted in the “event” component of the case file. All other consults will be documented in the “staff notes” in the electronic case file.
- **Legal Intervention:** The EPS Regional Supervisor shall review all cases and consult and assist the EPS Regional Specialist on any case that requires legal intervention to include preparation of court affidavits and/or appropriate placements for the client which will be in the least restrictive setting. The EPS Regional Supervisor shall assist the GOEA General Council and/or District Attorney in the facilitation of the legal intervention which may include case tracking and court preparations.
- **Review:** The EPS Regional Supervisor shall review all EPS cases submitted for closure by the Specialist within 5 working days of notification of the submission for closure. Approval for case closure is documented in the case file in “Events” as a “Final Supervisory Review and Closure”. The EPS Regional Supervisor’s approval is documentation that agency policy and guidelines have been met for the processing and investigation of the case.
- **Monitor:** The EPS Regional Supervisor shall monitor Specialist caseloads weekly to ensure timely provision of services and data entry/documentation are completed. During each

weekly review the EPS Regional Supervisor may “staff” the cases with the Specialist to guide and provide technical assistance. The “Staffing” session will be a review of cases assigned since the previous staffing meeting, cases with activity since last meeting, and all cases with no activity in the previous 30 days. The EPS Regional Supervisor shall meet no less than once a month for all open cases, all cases in “monitoring” status and any cases returned to the Specialist for further action. The EPS Program Manager shall monitor the regional activity.

- **Administrative and Supervisory Reports:** The EPS Regional Supervisor shall review reports at least monthly to monitor the status of caseloads and specific investigations. The EPS Regional Supervisor shall provide each subordinate Specialist a weekly activity report for Open Cases. Monthly the EPS Program Manager and EPS Regional Supervisors will review the following reports:
 - Cases Open
 - Average Days for Investigation Completed
 - Average Risk Assessment Scores
 - Average Time Face-To-Face
 - Capacity by Specialist
 - Master Supervisor Report
 - Monitoring Status
 - Service Plan Report
 - Submitted as Complete, Not Closed
- **Coverage:** The EPS Regional Supervisor shall manage caseloads within the regional Unit to assure case coverage for absences of the Specialists. The EPS Regional Supervisor shall monitor leave use and report leave and absences that may hinder case processing to the EPS Program Manager.
- **Facilitate:** The EPS Regional Supervisor shall arrange, coordinate and facilitate interdisciplinary meetings and/or access to expert consultation when warranted by individual cases. The EPS Regional Supervisor shall assist the District Attorney or local law enforcement agencies when requested.
- **Coordinate:** The EPS Regional Supervisor shall work closely with other state agencies on issues and services related to EPS clients, which includes communication and referrals regarding service needs of the clients. This coordinated effort may include expediting diagnosis and evaluation, cases management, prior authorization and eligibility processes for clients, establishing priority status, finding emergency placements, etc.
- **Training:** The EPS Regional Supervisor continually assesses training needs for subordinates, other EPS staff, service providing agencies and/or general public as relative to the EPS Program. The EPS Regional Supervisor shall provide training and instruction in accordance with EPS Program policies and processes in addition to training and public education training material for the general public and provider agencies.
- **Liaisons:** The EPS Regional Supervisor shall maintain and develop community partners and relationships with the Specialists to ensure support services are available for EPS Clients. The EPS Regional Supervisor shall participate and support the Regional EPS Coordinating Councils.
- **Evaluation:** The EPS Regional Supervisor shall review each EPS Regional Specialist’s case files for timeliness, thoroughness and training opportunities. The EPS Regional Supervisor shall

assist the Specialist in goal setting and caseload maintenance to ensure cases are not overdue and out of conformity with the EPS Program Policy. Cases that have been closed in the data system, but remain on monitoring cases shall be reviewed by the EPS Regional Staff for continued support and monitoring. To ensure proper procedures in field activity, the EPS Regional Supervisor shall shadow each Specialist at least annually to observe and document work habits, time management, interviewing skills and client interaction. Priority for shadowing shall be given to staff members that are new or have current performance issues. All evaluation activities shall be documented and presented at least quarterly to each Specialist with regards to their performance, timeliness of contacts, accuracy and promptness of case documentation, skill of assessment and investigations. Annual performance evaluations are to be filed within timeframes set by GOEA Human Resources.

- **Skill Development:** The EPS Regional Supervisor shall continue skill development in his/her capacity as supervisor and in protective services as training opportunities become available.
- **Case Record Maintenance:** Each EPS Regional Supervisor shall document pertinent comments/directions related to case actions, dates and justification for investigations exceeding 30 days, or for cases that exceed 120 days in the “staff notes” tab in the case files. When extensions are granted, the EPS Regional Supervisor shall enter the number of days for the extension in the “notes” section on the “Case Activity” page of the electronic record in addition to documenting the justification for the extension in the “Case Notes” section.

In monitoring and case corrections, the EPS Regional Supervisor shall adhere to GOEA Employee Policy Manual when performance and disciplinary action is in question. All potential performance and disciplinary actions must be discussed in advance with EPS Program Manager. The following guidelines may assist the EPS Regional Supervisor:

- **Feedback:** To the extent possible, corrective instruction or performance feedback from the EPS Regional Supervisor to the Specialist should be employee specific.
- **Individualization:** Performance issues should be addressed through the Performance Evaluation System planning documents and review process. Specific issues and areas of needed improvement and skill development should be included in the planning. For serious or ongoing performance issues, after consultation with the EPS Manager and/if necessary GOEA Human Resources a counsel session may be coordinated to discuss the subordinate’s performance issues and work plan for improvement. All activities must be within GOEA Policy and Civil Service regulations.

EPS Regional Specialist Training Requirements

The Elderly Protection Regionals Specialists are required to complete a training module designed and approved by the EPS Program Manager which may include the following, depending upon the experience and prior knowledge of the EPS Regional Specialist:

- Introduction to Elderly Protective Services, Definition and Organization
- The Aging Process
- EPS Worker Safety
- EPS Intake Interview
- Professional Communication
- Field Work/Supervisor Shadowing

- EPS Policy & Procedures
- Investigation Skills: Capacity
- Investigation Skills: Assessments
- Collaboration & Resources
- Legal Issues and Exploration
- Case Processing/Case Closure
- EPS Documentation
- Involuntary/Voluntary Case Planning

All EPS Regional Supervisors shall offer, develop and/or deliver training opportunities to Specialists as training opportunities are identified or needed.

EPS Regional Supervisors must complete the same training module as the Specialists with the addition of the following:

- All required CPTP Supervisory Training Modules
- CPTP Supervisor as Training
- CPTP Working with Less
- CPTP Understanding Self as Supervisor
- CPTP Foundations of Effective Supervision
- Other training offered/provided by EPS Program Manager

Communications

Due to the emergent nature of EPS work, all EPS staff members must use communication methods available to keep information fluid between all staff. This may include:

- Email: All EPS Regional Specialists must check and use e-mail at the start of each work day, and regularly throughout the day. EPS Regional Supervisors and Intake Unit Staff shall use e-mail to contact staff regarding non-emergency messages and for Priority 2 and Priority 3 case assignments.
- Voice Mail: EPS Regional Specialists are to use voicemail to receive messages and to leave messages for absences and area coverage. Voicemail messages must provide an alternative contact information for emergency purposes and refer callers to the EPS toll free number for the report of abuse, neglect, exploitation and/or extortion. Voicemail should be checked multiple time throughout the day.
- Text Messaging: EPS Regional Staff are to use texting when appropriate.

Daily Work Schedules

EPS daily work schedules shall be approved by the immediate supervisor for regional and staff coverage. The Specialist shall email the EPS Regional Supervisor the daily schedule of work events to include field visits and in-office work. The field visit information must contain the name and address for the field visit along with the departure time and expected time of return.

Toll Free Number

The EPS Toll Free number is for the public to make reports of abuse, neglect, exploitation and/or extortion. In addition, this line may be used by field staff to make contact with Intake staff and GOEA state office staff.

XIV. EPS QUALITY CONTROL

The Quality Control for the EPS Program shall be provided by the EPS QC Program Monitor, who will work closely with the EPS Program Manager but reports to the Elder Rights & Compliance & Planning Manager 3. The efforts of the EPS QC Program Monitor shall be independent and objective in an effort to identify problems, streamline procedures and recommend programmatic changes. The EPS QC Program Monitor shall provide feedback regarding performance of the protective service system and if services provided are of sufficient intensity, scope and quality to meet the individual needs of the EPS Clients. The EPS Quality Control is intended to support the EPS program staff at all levels of the agency to include development, implementation and refinement of the protective service delivery system.

In addition to examining and assessing the components of the EPS service delivery system, the EPS QC Program Monitor will identify needs and recommends actions necessary to improve outcomes. This process confirms program strengths, successful strategies, weaknesses and may recommend ways to effective practice and/or system performance improvement. The Approach for EPS QC shall work towards the following goals:

- Review for outcomes experienced by EPS clients who received protective services, particularly the outcome areas of safety, permanency and wellbeing.
- Review for the adequacy of internal factors that affect the agency's capacity to deliver services that will lead to improved outcomes for EPS clients.
- Review for consistency with applicable state and agency policies.
- Review for the strengths of the protective services delivery system and the barriers to more effective performance.
- Recommend corrective actions that address barriers to improve performance.

The EPS QC Program Monitor shall gather and use case record documentation, electronic reports and interviews to measure performance. These activities will establish baselines, track progress and monitor trends that may identify potential issues, concerns and training opportunities.

The EPS QC Program Monitor may use the following techniques:

- Individual Case Review: Each case record may be reviewed prior to and post closure to determine if the case has met the agency's requirements for timeliness, completeness of documentation and thoroughness of the investigation and intervention.
- Quarterly, the EPS QC Program Monitor will survey the EPS Regional Supervisors and EPS Manager for potential review topics of concern. The EPS QC Program Monitor shall review Quarterly review topics with Elder Rights/Compliance & Planning Manager 3 for approval.

The EPS QC Program Monitor shall review at a minimum of 2 closed cases per quarter in each region. Upon completion of the case review, the EPS QC Program Monitor shall discuss the

findings with the EPS Program Manager and Elder Rights/Compliance & Planning Manger 3 for measures to improve program practices and procedures. The EPS Regional Staff shall cooperate as needed in the case review process. Action steps for corrective measures to include training development will be approved by the Elder Rights/Compliance & Planning Manager 3. The GOEA General Counsel will be advised as needed.

Complaints Against Elderly Protective Services

Any verbal complaint or allegation of misconduct of an EPS staff member shall be referred to the appropriate chain of command. The appropriate staff member that directly supervises the staff member for which the allegations are made shall investigate the situation, brief the EPS Program Manager of the investigation and request appropriate action steps. If discipline measures are to be taken, The EPS Program Manager shall consult the chain of command to include GOEA General Counsel if necessary. All disciplinary actions shall be approved by the agency appointing authority. Formal written complaints shall be routed to the Compliance & Planning Manager for review.

Appendix A: Statutes

La. R.S. 14:403.2

§403.2. Abuse and neglect of adults

A. Any person, who under R.S. 15:1504(A), is required to report the abuse or neglect of an adult and knowingly and willfully fails to so report shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

B. Any person who knowingly and willfully violates the provisions of Chapter 14 of Title 15 of the Louisiana Revised Statutes of 1950, or who knowingly and willfully obstructs the procedures for receiving and investigating reports of adult abuse or neglect, or who discloses without authorization confidential information about or contained within such reports shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

C. Any person who reports an adult as abused or neglected to an adult protection agency as defined in R.S. 15:1503 or to any law enforcement agency, knowing that such information is false, shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

D.(1) Any person who retaliates against an individual who reports adult abuse to an adult protection agency or to a law enforcement agency, shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

(2) For the purposes of this Section, "retaliation" is defined as discharging, demoting, or suspending an employee who reports the adult abuse; or threatening, harassing, or discriminating against the reporter in any manner at any time provided the report is made in good faith for the purpose of helping the adult protection agency or law enforcement agency fulfill its responsibilities as set forth in Chapter 14 of Title 15 of the Louisiana Revised Statutes of 1950.

Added by Acts 1982, No. 519, §1. Acts 1983, No. 98, §1; Acts 1985, No. 181, §1; Acts 1989, No. 703, §§1, 2, eff. July 8, 1989; Acts 1990, No. 534, §1; Acts 1991, No. 408, §1; Acts 1992, No. 975, §1, eff. July 9, 1992; Acts 1995, No. 841, §1; Acts 1997, No. 1183, §1; Acts 1999, No. 338, §1; Acts 2001, No. 1032, §5; Acts 2002, 1st Ex. Sess., No. 80, §1; Acts 2003, No. 244, §1; Acts 2005, No. 306, §1, eff. June 29, 2005; Acts 2008, No. 181, §1, eff. June 13, 2008.

La.R.S. 15:1501-1511

§1501. Citation

This Chapter shall be known and may be cited as the "Adult Protective Services Act".
Acts 2008, No. 181, §2, eff. June 13, 2008.

§1502. Legislative findings and declaration

A. The purpose of this Section is to protect adults who cannot physically or mentally protect themselves and who are harmed or threatened with harm through action or inaction by themselves or by the individuals responsible for their care or by other parties, by requiring mandatory reporting of suspected cases of abuse or neglect by any person having reasonable cause to believe that such a case exists. It is intended that, as a result of such reports, protective

services shall be provided by the adult protection agency. Such services shall be available as needed without regard to income.

B. It is the further intent of the legislature to authorize only the least possible restriction on the exercise of personal and civil rights consistent with the person's need for services and to require that due process be followed in imposing such restrictions.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1503. Definitions

For the purposes of this Chapter, the following terms shall have the following meanings, unless the context clearly indicates a different meaning:

(1) "Abandonment" means the desertion or willful forsaking of an adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

(2) "Abuse" means the infliction of physical or mental injury, or actions which may reasonably be expected to inflict physical injury, on an adult by other parties, including but not limited to such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value.

(3) "Adult" means any individual eighteen years of age or older, or an emancipated minor who, due to a physical, mental, or developmental disability or the infirmities of aging, is unable to manage his own resources, carry out the activities of daily living, or protect himself from abuse, neglect, or exploitation.

(4)(a) "Adult protection agency" means the office of elderly affairs in the office of the governor, for any individual sixty years of age or older in need of adult protective services as provided in this Chapter.

(b) "Adult protection agency" means the Louisiana Department of Health for any individual between the ages of eighteen and fifty-nine years of age in need of adult protective services as provided in this Chapter. The secretary of the Louisiana Department of Health may assign the duties and powers provided in this Chapter to any office of the department for provision of adult protective services, as provided in this Chapter.

(5) "Capacity to consent" means the ability to understand and appreciate the nature and consequences of making decisions concerning one's person, including but not limited to provisions for health or mental health care, food, shelter, clothing, safety, or financial affairs. This determination may be based on assessment or investigative findings, observation, or medical or mental health evaluations.

(6) "Caregiver" means any person or persons, either temporarily or permanently, responsible for the care of a person who is aged or an adult with a physical or mental disability. "Caregiver" includes but is not limited to adult children, parents, relatives, neighbors, daycare personnel, adult foster home sponsors, personnel of public and private institutions and facilities, adult congregate living facilities, and nursing homes which have voluntarily assumed the care of a person who is aged or an adult with a disability, have assumed voluntary residence with a person who is aged or an adult with a disability, or have assumed voluntary use or tutelage of the assets, funds, or property of a person who is aged or a person with a disability, and specifically shall include city, parish, or state law enforcement agencies.

(7) "Exploitation" means the illegal or improper use or management of the funds, assets, or property of a person who is aged or an adult with a disability, or the use of power of attorney or guardianship of a person who is aged or an adult with a disability for one's own profit or advantage.

(8) "Extortion" is the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority.

(9) "Isolation" includes:

(a) Intentional acts committed for the purpose of preventing, and which do serve to prevent, an adult from having contact with family, friends, or concerned persons. This shall not be construed to affect a legal restraining order.

(b) Intentional acts committed to prevent an adult from receiving his mail or telephone calls.

(c) Intentional acts of physical or chemical restraint of an adult committed for the purpose of preventing contact with visitors, family, friends, or other concerned persons.

(d) Intentional acts which restrict, place, or confine an adult in a restricted area for the purposes of social deprivation or preventing contact with family, friends, visitors, or other concerned persons. However, medical isolation prescribed by a licensed physician caring for the adult shall not be included in this definition.

(10) "Neglect" means the failure, by a caregiver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused.

(11) "Protective services" includes but is not limited to:

(a) Conducting investigations and assessments of complaints of possible abuse, neglect, or exploitation to determine if the situation and condition of the adult warrant further action.

(b) Preparing a social services plan utilizing community resources aimed at remedying abuse, neglect, and exploitation.

(c) Case management to assure stabilization of the situation.

(d) Referral for legal assistance to initiate any necessary extrajudicial remedial action.

(12) "Self-neglect" means the failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected.

(13) "Sexual abuse" means abuse of an adult, as defined in this Section, when any of the following occur:

(a) The adult is forced, threatened, or otherwise coerced by a person into sexual activity or contact.

(b) The adult is involuntarily exposed to sexually explicit material, sexually explicit language, or sexual activity or contact.

(c) The adult lacks the capacity to consent, and a person engages in sexual activity or contact with that adult.

Acts 2008, No. 181, §2, eff. June 13, 2008; Acts 2010, No. 342, §1; Acts 2014, No. 811, §7, eff. June 23, 2014.

§1504. Mandatory reports and immunity

A. Any person, including but not limited to a health, mental health, and social service practitioner, having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation shall report in accordance with R.S. 15:1505.

B. No cause of action shall exist against any person who in good faith makes a report, cooperates in an investigation by an adult protective agency, or participates in judicial proceedings authorized under the provisions of this Chapter, or any adult protective services caseworker who in good faith conducts an investigation or makes an investigative judgment or disposition, and such person shall have immunity from civil or criminal liability that otherwise might be incurred or imposed. This immunity shall not be extended to:

(1) Any alleged principal, conspirator, or accessory to an offense involving the abuse or neglect of the adult.

(2) Any person who makes a report known to be false or with reckless disregard for the truth of the report.

(3) Any person charged with direct or constructive contempt of court, any act of perjury as defined in Subpart C of Part VII of Chapter 1 of Title 14, or any offense affecting judicial functions and public records as defined in Subpart D of Part VII of Chapter 1 of Title 14.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1505. Contents of report and agency to receive report

A. Reports reflecting the reporter's belief that an adult has been abused or neglected shall be made to any adult protection agency or to any local or state law enforcement agency. These reports need not name the persons suspected of the alleged abuse or neglect.

B. All reports shall contain the name and address of the adult, the name and address of the person responsible for the care of the adult, if available, and any other pertinent information.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1506. Receipt of reports

A. All reports received by a local or state law enforcement agency shall be referred to the appropriate adult protection agency.

B. When the appropriate adult protection agency receives a report of sexual or physical abuse, whether directly or by referral, the agency shall notify the chief law enforcement agency of the parish in which the incident is alleged to have occurred of such report. Such notification shall be made prior to the end of the business day subsequent to the day on which the adult protection agency received the report. For the purposes of this Subsection, the chief law enforcement agency of Orleans Parish shall be the New Orleans Police Department.

C. Upon receipt of a report from an adult protection agency, the chief law enforcement agency shall initiate an incident report and shall notify the referring adult protection agency of the disposition of the report.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1507. Investigation of reports, assessment, actions taken, and court orders

A. The adult protection agency shall make prompt investigation and assessment. When the report concerns care in a facility or program under the supervision of the Louisiana Department of Health, the secretary of the department may assign the duties and powers enumerated in Subsection B of this Section to any office or entity within the department to carry out the purposes of this Chapter.

B. The investigation and assessment shall include the nature, extent, and cause of the abuse and neglect, the identity of the person or persons responsible for the abuse and neglect, if known, and an interview with the adult and a visit to the adult's home, if possible. Consultation with others having knowledge of the facts of the particular case shall also be included in the investigation.

C. In the event that admission to the adult's home or access to the adult for purposes of conducting the investigation, including a face-to-face private interview with the adult and with other members of the household and inspection of the home is refused, the adult protection agency may apply to a court of competent civil jurisdiction for an order to be granted access to the adult and to the location where the alleged abuse or neglect occurred to make such an investigation.

D. To secure further information and coordinate community service efforts, the adult protection agency shall contact other appropriate local or state agencies.

E. The adult protection agencies shall convene a regional level coordinating council composed of representatives of both public and private agencies providing services, with the objectives of identifying resources, increasing needed supportive services, avoiding duplication of effort, and assuring maximum community coordination of effort.

F. If it appears after investigation that an adult has been abused and neglected by other parties and that the problem cannot be remedied by extrajudicial means, the adult protection agency may refer the matter to the appropriate district attorney's office or may initiate judicial proceedings as provided in R.S. 15:1508. Evidence that abuse or neglect has occurred must be presented together with an account of the protective services given or available to the adult and a recommendation as to what services, if ordered, would eliminate the abuse or neglect.

G. Protective services may not be provided in cases of self-neglect to any adult having the capacity to consent, who does not consent to such service or who, having consented, withdraws such consent. Nothing herein shall prohibit the adult protection agency, the district attorney, the coroner, or the judge from petitioning for interdiction pursuant to Civil Code Articles 389 through 399 or petitioning for an order for protective custody or for judicial commitment pursuant to R.S. 28:50 et seq., seeking an order for emergency protective services pursuant to R.S. 15:1511, or from seeking an order for involuntary protective services pursuant to R.S. 15:1508(B)(5).

H.(1) The adult protection agency shall have access to any records or documents, including client-identifying information and medical, psychological, criminal or financial records necessary to the performance of the agency's duties under this Chapter. The duties include the provision of protective services to an adult, or the investigation of abuse, neglect, exploitation or extortion of an adult. A person or agency that has a record or document that the adult protection agency needs to perform its duties under this Chapter shall, without unnecessary delay, make the record or document available to the agency.

(2) The adult protection agency is exempt from the payment of a fee otherwise required or authorized by law to obtain a record if the request for a record is made in the course of an investigation or in the provision of protective services by the agency.

(3) If the adult protection agency is unable to obtain access to a record or document that is necessary to properly conduct an investigation or to provide protective services, the agency may petition a court of competent jurisdiction for access to the record or document. The person or agency in possession of this necessary record or document and the patient, in the case of a medical record, is entitled to notice and a hearing on the petition.

(4) Upon a showing by the adult protection agency that the record or document is necessary, the court shall order the person or agency who denied access to a record or document to allow the adult protection agency to have access under the terms and conditions prescribed by the court.

(5) Access to a confidential record under this Chapter does not constitute a waiver of confidentiality. No cause of action shall exist against any person or agency who in good faith provides a record or document to the adult protection agency under the provisions of this Chapter.

I.(1) Information contained in the case records of the adult protection agency shall be confidential and shall not be released without a handwritten authorization from the adult or his legal representative, except that the information may be released to law enforcement agencies pursuing enforcement of criminal statutes related to the abuse of the adult or the filing of false reports of abuse or neglect, or to social service agencies, licensed health care providers, and appropriate local or state agencies where indicated for the purpose of coordinating the provision of services or treatment necessary to reduce the risk to the adult from abuse, neglect, exploitation, or extortion and to state regulatory agencies for the purpose of enforcing federal or state laws and regulations relating to abuse, neglect, exploitation, or extortion by persons compensated through state or federal funds.

(2) The identity of any person who in good faith makes a report of abuse, neglect, exploitation, or extortion shall be confidential and shall not be released without the handwritten authorization of the person making the report, except that the information may be released to law enforcement agencies pursuing enforcement of criminal statutes related to the abuse of the adult or to the filing of false reports of abuse or neglect.

(3) Prior to releasing any information, except information released to law enforcement agencies as provided herein, the adult protection agency shall edit the released information to protect the confidentiality of the reporter's identity and to protect any other individual whose safety or welfare may be endangered by disclosure.

Acts 2008, No. 181, §2, eff. June 13, 2008

§1508. Petition for hearing, criminal proceedings, and subpoenas

A. The district attorney or adult protective services agency may petition a court of competent civil jurisdiction for a hearing with respect to the alleged abuse or neglect. The petitioner shall notify the adult of the hearing and the proposed action. The adult shall be advised of his right to be represented by an attorney.

B. The district attorney or adult protective services agency may apply for an order to:

(1) Provide mandatory counseling for the parties involved to prevent further abuse or neglect of the adult.

(2) Enjoin the parties contributing to the abuse or neglect of the adult from continuing such acts.

(3) Have the adult receive a medical examination or psychiatric/psychological evaluation which will help to determine the least restrictive setting the adult may need.

(4) Enjoin any party interfering with the provision of protective services to an adult from continuing such interference.

(5) Provide protective services, if the adult lacks the capacity to consent to services, and the adult is suffering harm or deterioration or is likely to suffer harm or deterioration from abuse, neglect, or self-neglect, if protective services are not provided, and no other person authorized by law or by court order to give consent for the adult is available or willing to arrange for protective services. Such an order shall specify the services needed to protect the adult, which may include medical treatment, social services, placement in a safer living situation, the services of law enforcement or emergency medical services to transport the adult to a treatment facility or safe living location and other services needed to protect the adult. Such an order shall be effective for a period of one hundred eighty days, but an order may be renewed one time for another one hundred eighty days and thereafter annually upon a showing to the court that continuation of the order is necessary to prevent further harm to the adult. However, admission to a mental health treatment facility shall be made only in accordance with the provisions of R.S. 28:1 et seq.

C. The district attorney may likewise institute any criminal proceedings he deems appropriate in accordance with existing laws.

D. Pursuant to Code of Criminal Procedure Article 66, the district attorney or the attorney general may cause to be issued a subpoena or subpoena duces tecum for the purpose of requiring a person having knowledge, written material, or other evidence pertinent to alleged abuse, neglect, or exploitation of the adult to produce such evidence to the district attorney, attorney general or the adult protection agency.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1509. Hearing

A. Upon application under the provisions of R.S. 15:1508, the court shall fix a date for a hearing to be held not more than twenty days, excluding Saturdays, Sundays, and legal holidays, from receipt of the petition. If the alleged abused or neglected adult has no attorney, the court shall appoint an attorney to represent him. The adult's attorney shall be granted access to all records of the adult.

B. The court shall cause the alleged abused or neglected adult and his attorney to be served with notice of the appointment and of the time, date, and place of the hearing no later than five days prior to the hearing. The notice shall inform such respondent that he has a right to be present at the hearing, that he has a right to choose his own privately retained and paid counsel or have a court-appointed attorney if he cannot afford one, that he has a right to subpoena witnesses to testify on his behalf, and that he has a right to cross-examine any witness testifying against him. The alleged abused or neglected adult shall have the right to attend the hearing; however, this may be waived by his attorney for cause with approval of the court.

C. In order to protect the confidentiality and dignity of the alleged abused or neglected adult, any hearing conducted by the court may be closed and the record of the hearing may be sealed.

D. In any proceeding concerning the abuse, neglect, or self-neglect of an adult, evidence may not be excluded on any ground of privilege, except in the case of communications between an attorney and his client or between a priest, rabbi, duly ordained minister, or Christian Science practitioner and his communicant.

Acts 2008, No. 181, §2, eff. June 13, 2008.

§1510. Implementation

A. The adult protection agency may adopt such rules and regulations as may be necessary in carrying out the provisions of this Chapter. Specifically, such rules shall provide for cooperation with local agencies, including but not limited to hospitals, clinics, and nursing homes, and cooperation with other states. The adult protection agency shall also be responsible for ongoing inservice training for its staff which assures adequate performance.

B. The adult protection agencies may enter into cooperative agreements with other state agencies or contractual agreements with private agencies to carry out the purposes of this Chapter. The immunity granted to the staff of the adult protection agencies shall extend to the staff of those agencies carrying out the provisions of this Chapter through cooperative or contractual agreement.

C. The adult protection agencies shall implement adult protective services for persons who are aged and adults with disabilities in accordance with an agency plan and shall submit an annual funding request in accordance with its plan. No funds shall be expended to implement the plan until the budget is approved by the commissioner of administration and by the legislature in the annual state appropriations act.

D. When the adult protection agency's staff is not sufficient to respond promptly to all reported cases, the adult protection agency shall set priorities for case response and allocate staff resources to cases in accordance with the rules and regulations promulgated in accordance with Subsection A of this Section. Absent evidence of willful or intentional misconduct or gross negligence in carrying out the investigative functions of the adult protective services program, caseworkers, supervisors, program managers, and agency heads shall be immune from civil or criminal liability in any legal action arising from any decision by the adult protection agency relative to the setting of priorities for cases and targeting of staff resources.

Acts 2008, No. 181, §2, eff. June 13, 2008; Acts 2014, No. 811, §7, eff. June 23, 2014.

§1511. Emergency protective services; ex parte order

A.(1) If the adult protection agency has reasonable cause to believe that an adult is at immediate and present risk of substantial harm or deterioration from abuse, neglect, or self-neglect, and the adult lacks the capacity to consent, or with the consent of an adult who has capacity, the agency or any entity named in R.S. 15:1507(G) may petition a court of competent civil jurisdiction for an ex parte order to provide emergency protective services. The petition shall contain an affidavit setting forth the facts upon which the agency relied in making the determination.

(2) When the circumstances placing the adult at risk are such that there is insufficient time to file a petition for emergency protective services, the facts supporting an ex parte order to provide emergency protective services may be relayed to the court orally or telephonically and the court may issue its order orally. In such cases, a written verified petition for ex parte order shall be filed with the court by the close of the following business day and a written order shall be issued.

B. The ex parte order shall specify the services needed to protect the adult, which may include medical treatment, social services, placement in a safer living situation, the services of law enforcement or emergency medical services to transport the adult to a treatment facility or safe living location, and other services needed to protect the adult and may contain any remedy outlined in R.S. 15:1508 or any remedy deemed by the court as needed to protect the adult. However, admission to a mental health treatment facility shall be made only in accordance with the provisions of R.S. 28:1 et seq.

C. The ex parte order shall be effective for fifteen days but may be extended one time for another fifteen days upon a showing to the court that continuation of the order is necessary to prevent further harm to the adult.

D.(1) There shall be a hearing held by the court before the expiration of the ex parte order or the extension thereof but no earlier than fifteen days from the effective date of the ex parte order.

(2) The adult has the right to be represented by an attorney. If the alleged abused or neglected adult has no attorney, the court shall appoint an attorney to represent him.

(3) At the hearing, the adult protection agency has the burden to prove that the adult lacks the capacity to consent, and that the adult is at immediate and present risk of substantial harm or deterioration from abuse, neglect, or self-neglect.

(4) The adult shall have the right to present evidence, call witnesses, be heard on his own behalf, and cross-examine witnesses called by the adult protection agency.

(5) Reasonable notice of the hearing and rights set forth in this Chapter shall be given to the adult.

(6) After the hearing, if the court grants an order in favor of the adult protection agency, the court's order shall specify the services needed to protect the adult, which may include medical treatment, social services, temporary placement in a safer living situation, and other services needed to protect the adult and may contain any remedy outlined in R.S. 15:1508 or any remedy deemed by the court as needed to protect the adult. However, admission to a mental health treatment facility shall be made only in accordance with the provisions of R.S. 28:1 et seq.

(7) The order shall be effective for a period of one hundred eighty days, but the order may be renewed one time for another one hundred eighty days and thereafter annually upon a showing to the court that continuation of the order is necessary to prevent further harm to the adult.

Acts 2008, No. 181, §2, eff. June 13, 2008.

Appendix B: Definitions

ABANDONMENT - is the desertion or willful forsaking of an adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

ABUSE - means the infliction of physical or mental injury, or actions which may reasonably be expected to inflict physical injury, on an adult by other parties, including but not limited to such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value.

ACCUSED - The person alleged to have abused, neglected, exploited, or extorted the adult.

ADULT - A person eighteen years of age or older or an emancipated minor who is mentally, physically, or developmentally disabled and whose disability substantially impairs the person's ability to provide adequately for his/her own care or protection.

ADULT PROTECTIVE SERVICES ACT - The statute enacted to provide for a system of protective services for certain vulnerable adults living in Louisiana. (See La. R.S. 14:403.2 and La. R.S. 1501-1511 located in Appendix A).

ALLEGATION - A statement or assertion by a person, either oral, written, or email, of specific injury, harm or condition to an adult in which the reporter believes the adult has been or is threatened with being neglected, abused, exploited, and/or extorted.

ADULT PROTECTIVE SERVICES - The agency located in the Office of Aging and Adult Services named as the policy setting and oversight agency for protective services for adults between 18 and 59 years of age, and emancipated minors who are physically, mentally, or developmentally disabled and in need of protective services as provided in La. R.S. 14:403.2 and La. R. S. 1501-1511.

CAPACITY TO CONSENT - The ability to understand and appreciate the nature and consequences of making decisions concerning one's person, including but not limited to: provisions for health or mental health care, food, shelter, clothing, safety, or financial affairs. This determination may be based on assessment or investigative findings, observation, or medical or behavioral health evaluations.

CAREGIVER - Any person or persons, either temporarily or permanently responsible for the care of an elder. For the purpose of this policy, this includes, but is not limited to: adult children, parents, relatives, neighbors, or adult foster home sponsors, who have voluntarily assumed the care of an elder or have assumed the voluntary use or tutelage of an elder's assets, funds, or property.

COLLATERAL CONTACT - Any adult, other than a caregiver or the subject of the investigation, who may have information about a case being investigated. Examples may include family members, neighbors, witnesses, physicians, other medical personnel, law enforcement, and others.

COMMUNITY CHOICES WAIVER – A program of home and community based services provided to an adult with disabilities which enables them to remain in their own home with supportive services and avoid placement in an institutional setting.

COURT OF COMPETENT CIVIL JURISDICTION - The appropriate local area court which covers the jurisdiction where the adult resides.

CURATOR/CURATRIX - A person appointed by the court to manage the affairs and person for an interdicted individual.

ELDERLY PROTECTIVE SERVICES - The agency located in the Governor's Office of Elderly Affairs named as the policy setting and oversight agency for protective services for adults 60 years of age or older who are physically, mentally, or developmentally disabled and in need of protective services as provided in La. R.S. 14:403.2 and La. R. S. 1501-1511.

EMANCIPATED MINOR - A person under the age of 18 who administers his or her own affairs, or who is relieved of the incapacities which normally attach to minority. Minors can be emancipated either by an act by a Notary Public, marriage, or judicial pronouncement.

EMOTIONAL ABUSE - The infliction of mental injury on an adult by other parties to such an extent that his/her health, self-determination or emotional well-being is endangered, and which has the potential to require intervention of a clinical nature. Examples include, but are not limited to: harassment, cursing, degrading remarks, intimidation, ridicule, threatening to withdraw care, seclusion, and restraints directed towards the adult.

EX PARTE ORDER - On one side only; by or for one party; done for, in behalf of, or on the application of, one party only. A judicial proceeding, order, injunction, etc., is said to be ex parte when it is for the benefit of one party only, and without notice to, or contestation by, any person adversely interested. The order is usually done in an expedited manner or presented to the court as an emergency.

EXPLOITATION - means the illegal or improper use or management of an aged person's or disabled adult's funds, assets, or property, or the use of an elder's power of attorney or guardianship for one's own profit or advantage.

EXTORTION - is the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority.

GUARDIANSHIP - See Curator definition

INCIDENT REPORT - The information received by the Elderly Protective Services that an elder has been or may be abused and/or neglected. The information must include at least one allegation of harm to an elder as specified in R.S. 14:403.2 and La. R.S. 15:1501-1511.

INCOMPETENCY - A judicial finding based on satisfactory evidence of a person's inability to manage his/her affairs and/or person.

INJUNCTION - A court order which enjoins or restrains a party or parties from engaging in certain acts.

INTAKE - The process for:

- Receiving and assessing reports/allegations.
- Obtaining and recording essential and qualifying case data and information.
- Determining acceptance/non-acceptance of case.
- Properly referring those reports not accepted.
- Classifying and prioritizing accepted cases.
- Assigning case to an EPS Specialist.

INTAKE WORKER - The staff person who receives reports of allegations and obtains and records essential case data.

INTERDICTION - There are two types of interdiction:

- **Full Interdiction** - A judicial proceeding which authorizes a court, upon petition, to appoint a curator (guardian) for a person found to be incapable of managing his/her person or property because of mental deficiency, deviation, or physical infirmity.

- **Limited Interdiction (Partial)** - An interdiction process whereby the court appoints a curator (guardian) and relieves the interdict of only those rights and responsibilities which the interdict cannot handle, i.e. medical, financial, placement, etc.

INVESTIGATION - The fact finding and assessment process whereby the Specialist obtains evidence and information, and makes observations in order to determine if the situation and condition of the adult warrant corrective or preventive action.

ISOLATION - includes:

- Intentional acts committed for the purpose of preventing, and which serve to prevent, an adult from having contact with family, friends or concerned persons. This shall not be construed to affect a legal restraining order.
- Intentional acts committed to prevent an adult from receiving his/her mail or telephone calls.
- Intentional acts of physical or chemical restraint of an adult committed for the purpose of preventing contact with visitors, friends, family or other concerned persons.
- Intentional acts which restrict, place, or confine an adult into a restricted area for the purposes of social deprivation or preventing contact with family, friends, visitors, or other concerned persons. However, medical isolation prescribed by a licensed physician caring for the adult shall not be included in this definition.

LAW - APS - See Adult Protective Services Act

LEGAL REPRESENTATIVE - See Curator/Curatrix

MEMORANDUM OF UNDERSTANDING - A written agreement between GOEA/EPS and another agency, to outline procedural matters and responsibilities between the two.

MONITORING – When EPS cases are closed but require periodic visits and reviews to assure compliance with EPS recommendations and services

NEGLECT - means the failure by a caregiver responsible for an elder's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his/her well-being. No elder who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall, for that reason alone, be considered to be neglected or abused.

PERPETRATOR - The person alleged to have abused, neglected, exploited, or extorted the adult.

PHYSICAL ABUSE - The injury, unreasonable confinement, intimidation, or cruel punishment of an adult with resulting harm or pain.

POWER OF ATTORNEY - A legal instrument authorizing a person to act as attorney or agent of the grantor. It may authorize specific or general power. It may or may not involve fiduciary responsibilities

PREPONDERANCE OF THE CREDIBLE EVIDENCE - Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which, as a whole, shows that the fact sought to be provided is more probable than not.

REGIONAL COORDINATING COUNCIL - A regionally constituted committee composed of representatives of both public and private agencies which provide services to elders in need of protection. These Regional Coordinating Councils are designed to maximize resources available to elders in need of protection particular to that region by affecting a regionally-individualized

plan for the allocation or reallocation of available resources, expansion of programs, or redirection of current resource allocation.

REPORTER - The person who makes a report to EPS alleging abuse, neglect, exploitation, extortion, etc.

RESTRAINING ORDER - A judicial ruling that prohibits a person from having contact with or being in proximity to the alleged victim or from engaging in certain acts.

RISK ASSESSMENT - The factors considered by the EPS Specialist when determining the risk of harm to the adult. Known risk factors are assessed using the EPS Risk Assessment Matrix.

REVISED STATUTE La. R.S.14:403.2 - See Adult Protective Services Act.

REVISED STATUTES La. R.S. 15:1501 – 1511. - See Adult Protective Services Act.

SELF-NEGLECT - "Self-neglect" means the failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall, for that reason alone, be considered to be self-neglected.

SERVICE PLAN - A plan developed to address the specific problem(s) or needs of an adult, or the actions or services needed to correct the problems, the persons responsible for these remedies and the time frames for completion.

SEXUAL ABUSE – abuse of an elder, as defined in this Section, when any of the following occur:

- The adult is forced, threatened, or otherwise coerced by a person into sexual activity or contact.
- The adult is involuntarily exposed to sexually explicit material, sexually explicit language, or sexual activity or contact.
- The adult lacks the capacity to consent, and a person engages in sexual activity or contact with that adult.

STABILIZED - A situation whereby prudent safeguards are implemented to offset the abusive and/or neglectful actions, and/or where all reasonable steps have been taken to reduce the risk of harm.

STAFFING – Case review and discussion with EPS Regional Specialist and EPS Regional Supervisor

TUTORSHIP, CONTINUING OR PERMANENT - A circumstance which occurs when the legal responsibility for an intellectually-challenged child extends beyond that child's eighteenth birthday. Continuing tutorship must be granted to the tutor before the individual turns eighteen, and is usually granted to the parent or other person with custody of the child. The establishment of tutorship limits the individual's ability to contract or give medical consent among other things.

VICTIM - The elder alleged to have been abused, neglected, exploited, or extorted.

Appendix C: Acronyms

AG - Attorney General

ADHC – Adult Day Health Care – medical and social care provided for elderly and disabled clients at a center or day facility as part of a Medicaid home and community- based services waiver

APS - Adult Protective Services - services provided to identify and eliminate abuse, neglect, exploitation, and/or extortion of adults with disabilities

AAA – Area Agency on Aging- Services provided to persons age 60 and over in a designated service area

BHSF - Bureau of Health Services Financing - the agency within LDH which manages the state Medicaid Program

CAHSD - Capital Area Human Service District

CCW – Community Choices Waiver - a waiver issued for services for the elderly and adults with disabilities. This program is administered by the Louisiana Department of Health.

CEC- Coroner’s Emergency Certificate – a temporary commitment signed by coroner or designee declaring someone to be a danger to themselves or others

COA – Councils on Aging (There is a Council on Aging in every parish of the state to provide supportive services and advocacy for the senior (age 60 and over) in the parish.

DA - District Attorney

DCFS - Department of Children & Family Services - The administrative department of the State of Louisiana which includes the Bureau of Licensing, the Office of Community Services and the Office of Family Security

EPS – Elderly Protective Services – services provided to identify and eliminate abuse, neglect, exploitation, and/or extortion of elders

GOEA - Governor’s Office of Elderly Affairs – the State Unit on Aging for Louisiana. GOEA is the administrative agency for federal and state funding to serve the seniors of Louisiana.

HSS – Health Standards Section, the section within LDH-BHSF responsible for licensing, certifying and regulating long term care and other health care services.

JPHSA - Jefferson Parish Human Service Authority

LDH – Louisiana Department of Health - the administrative department of the State of Louisiana which includes Adult Protective Services

LT-PCS- A service, provided through Medicaid, designed to provide in-home care and supports to the elderly and disabled living in their own homes.

LGSI- Louisiana Guardianship Services, Incorporated – the nonprofit agency that provides independent guardian services and money management services to the elderly and disabled clients

MOU - Memorandum of Understanding - a written agreement between two agencies which defines the interaction between those two agencies

NAPSA – National Adult Protective Services Association

NOW – New Opportunity Waiver. A waiver program through LDH/ Office of Citizens with Development Disabilities (OCDD) that is intended to provide specific, activity-focused services rather than continuous custodial care.

OASDI - Old Age Survivors and Disability Insurance - Social Security insurance benefits paid in variable amounts to persons who have paid into the social security system during their working years, or their dependents

OBH – Office of Behavioral Health – The LDH office which provides services for person with mental illness/behavioral disorders and/or addictive disorders

OAAS - Office of Aging and Adult Services – the office within LDH which provides services to the elderly and disabled adults through Medicaid services.

OCDD - Office for Citizens with Developmental Disabilities - the office within LDH that provides services for persons with developmental disabilities

OCS - Office of Community Services - an agency within DCFS which provides children’s protective services

OPC - Order of Protective Custody - a judicial order awarding custody of one person to another person or entity

OPH – Office of Public Health which is an office within Louisiana Department of Health

PEC – Physician’s Emergency Commitment - a temporary commitment signed by a physician, declaring someone to be a danger to himself or others

SRI - Special Request Investigation

SSA - Social Security Administration - the agency of the federal government that provides disability benefits through OASDI or SSI, and medical benefits through Medicare, or in conjunction with the states, Medicaid

SSI - Supplemental Security Income - a monthly payment awarded to the elderly or adults with disabilities who do not qualify for OASDI, or whose Social Security benefit is lower than the flat SSI benefit

THI/SCI –Traumatic Head Injury/Spinal Cord Injury Trust Fund

Appendix D: General Safety of Field Investigations

The GOEA General Safety Procedures shall be followed at all times to maintain a safe work environment for all staff. Due to the complexity of the services provided by the Elderly Protective Services Program, additional safety precautions may be needed as outlined below:

Intake Safety Checklist: As a component of the intake process for a report of abuse, neglect, exploitation and/or extortion, an inquiry is made of potential risk situation such as behaviors and/or conditions on the client's part or the accused which may endanger the EPS Regional Specialist conducting the investigation. The Intake Specialist may include in the initial report the following:

- Contagious diseases within the household
- Pets within or around the household
- Household members that may have a history of violence, behavioral health or substance abuse
- Structural hazards within the home and surrounding areas of the home

If any of the above circumstances surround the client, the EPS Regional Specialist may request assistance from local law enforcement for the face-to-face interviews and home assessments.

Staff Location: Each EPS Regional Specialist shall report his/her location on a daily basis to include the street addresses, locations and any possible unsafe conditions to the EPS Regional Supervisor or other administrative staff in the absence of the EPS Regional Supervisor. If the visit extends beyond normal working hours, the EPS Regional Supervisor must be notified as soon as possible but at least by the end of the workday. Assigned EPS cell phone tracking capability shall remain on to ensure a safe method of tracking the staff member's location if necessary.

Each EPS Regional Specialist shall email his/her routine schedule and copy the next of command on a daily basis.

If warranted, the EPS Regional Specialist shall request someone to accompany on the visit or request the client to meet at a safe location. Routes to the meeting place and/or the client's home are to be mapped out in advanced. Appropriate dress to allow for professionalism and quick movement shall be worn.

Home Visit Safety: EPS Regional Specialist are to be aware of other individuals in the household, where the exits are and should stay near an exit during the visit. EPS Regional Specialists are not to be involved in domestic arguments and are to remain aware of any developing situations which might threaten the client and his/herself. If at any time the EPS Regional Specialist feels uncomfortable regarding his/her safety, the interview shall be ended. The EPS Specialist shall contact the EPS Regional Supervisor as soon as possible to discuss the situation. If necessary, law enforcement for an escort to safely complete the interview or report criminal activity may be called for assistance.

Appendix E: Eligibility Criteria Matrix

In order to be eligible for EPS services, an adult must meet the criteria outlined in the checklist.

Criterion	Yes	No	Comments
1. Adult is alleged to have been harmed or to be threatened with harm as a result of abuse, neglect, exploitation, or extortion (A/N/E/E)			If yes, go to number 2. If no, ineligible.
2. Age 60 or over			If yes, go to number 3. If no, ineligible. Make appropriate referrals when needed.
3. Physical, mental, or developmental disability or infirm due to age			If yes, go to number 4. If no, ineligible.
4. Unable to manage own resources			If yes, eligible. If no, go to number 5.
5. Unable to carry out the activities of daily living			If yes, go to number 6. If no, and answer to number 4 is also no, ineligible.
6. Unable to or protect himself from abuse, neglect, or exploitation			If yes, go to number 7. If no, and answer to number 4 is also no, ineligible.
7. A/N/E/E allegedly occurred in unlicensed community setting			If yes, eligible. If no, go to number 8 for exceptions
8 A. A/N/E/E allegedly occurred in a licensed facility or program – which includes			A. If accused is private provider/program staff, refer to appropriate licensing agency. If accused is someone other

<p>- Adult Residential Care (board & care), Day programs, respite, etc., and the alleged victim is NOT a home and community based services recipient</p> <p>B. A/N/E/E allegedly occurred in a licensed facility or program - includes Supervised Independent Living (SIL), PCA, etc., and the alleged victim IS a home and community based services recipient. . .</p> <p>C. Accused is staff of LDH program.</p> <p>D. Alleged victim resides in, or abuse occurred in, a licensed setting but client is reported to be in <i>imminent danger</i>.</p> <p>E. Alleged victim resides in, or abuse occurred in, a licensed setting and licensing agency requests that EPS investigate.</p> <p>F. Alleged victim resides in licensed setting but A/N/E/E occurred while outside facility and/or accused is not provider staff.</p>		<p>than staff (i.e., family, neighbor, etc.) accept and notify licensing agency. If questions about a specific case, refer to EPS Program Manager (or designee) for approval.</p> <p>B. Accept as per agreement with the Home and community based services programs (OAAS and OCDD).</p> <p>C. Accept as per LDH A/N policy and refer to APS investigative unit.</p> <p>D. Notify Licensing agency and law enforcement. If they cannot respond, accept case.</p> <p>E. Requests from the Home and community based services Programs are accepted provided other criteria are met. Requests from other agencies refer to EPS Program Manager or designee.</p> <p>F. Eligible provided other criteria are met.</p>
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