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**OVERVIEW**

The adult protective services (APS) program requirements and procedures are outlined in this manual item.

**Mandatory  
Reporters to  
APS**

A referral from any source must be documented and reviewed to determine if it meets requirements for investigation. Certain persons, however, are required by 1982 P.A. 519 to make an **oral report** regarding suspected abuse, neglect, or exploitation of adults to the Michigan Department of Health and Human Services (MDHHS), Centralized Intake for Abuse and Neglect (CI) toll-free at **855-444-3911**. Those required persons are:

- Individuals employed, licensed, registered, certified to provide **or** an employee of an agency licensed to provide:
  - Health care.
  - Education services.
  - Social welfare services.
  - Mental health services.
  - Other human services.
- Law enforcement officers.
- Employees of a county medical examiner.
- Physicians.
- Bank and credit unions with a physical location within Michigan.

**Note:** Attorneys, members of the clergy and long-term care ombudsmen **are not** mandatory reporters to APS.

**Mandatory  
Reporters to  
Other  
Departments**

Certain individuals are required to report to the Department of Licensing and Regulatory Affairs (LARA) when there are allegations of abuse, neglect or exploitation of vulnerable adults residing in facilities licensed by LARA ; see [ASM 210](#) for a list of these

facilities). As provided in the Public Health Code, P.A. 368 of 1978 (MCL 333.21771), those individuals are:

- Nursing home employee, nursing home administrator, nursing director.
- Physician or other licensed health care personnel of a health care facility to which a patient is transferred.

These individuals are not required to also make a report to adult protective services.

***Exception:*** If the alleged perpetrator is not an employee of the facility, a report to adult protective services is required in addition to a report to LARA.

## REFERRALS

All referrals, requests and complaints that allege an adult is vulnerable and is being or is at risk of being abused, neglected, or exploited must be documented accurately on the Michigan Adult Integrated Management System (MiAIMS) by CI. A CI manager then reviews each referral for assignment decision. See [ASM 207](#) for CI processes.

### During Regular Business Hours

All APS referrals received during normal business hours, that meet criteria for investigation, are assigned to and addressed by an APS worker.

### After Business Hours/On Call

**Local office on-call staff must promptly address** all APS referrals received after business hours that meet criteria for investigation. Local offices must take necessary steps to ensure that prompt response and follow-up to complaints made after normal working hours are made. These steps include:

- Imminent threat of danger requires face-to-face with client as soon as possible.
- No imminent threat of danger requires:

- 24-hour contact with the client or collateral person by phone or face-to face.
- 72-hour face-to-face with client.

**Note:** Adult services staff, who have received APS training, provide on-call coverage for state holidays and weekends. CPS staff continue on-call coverage Monday through Thursday (excluding state holidays that fall on a Monday-Thursday). On-call coverage begins at 5:00 p.m. and ends at 8:00 a.m. the next business day.

### ***After Hour Emergencies in LARA Licensed Facilities/Nursing Homes***

MDHHS on-call staff must provide assistance with LARA licensed facilities for emergency and life threatening situations that occur after business hours. MDHHS staff must provide services to resolve the immediate emergency and inform LARA of the referral the next working day.

**Example:** If a licensed nursing home requires immediate evacuation due to a natural disaster, such as a flood or fire, MDHHS is responsible to ensure the safe relocation of each resident as provided in the Public Health Code, P.A. 368 of 1978 (MCL 333.21786).

### **Required Information for APS Referral**

The reporting person is required to give the following information:

- Name of the adult.
- Description of the abuse, neglect, or exploitation.
- Other information available to the reporting person on the cause and manner of the abuse, neglect, or exploitation.

If available:

- The adult's age.
- The identity and the address of the next of kin or guardian.
- The identity, the address, and the relationship of those with whom the adult resides.

CI utilizes a standard intake format to gather as much information as possible, such as dates, names, addresses and phone numbers

of involved or knowledgeable persons. Special effort is made to gather information which can be used to determine if the adult is vulnerable and in need of protective services.

## Confidentiality

The identity of the referral source (RS) **must** be confidential unless MDHHS is given written permission by the RS or is ordered by a court to release the RS identity.

**Note:** To further protect the RS identity, workers should not read the referral allegations word-for-word to any individual outside of the department.

### ***Substance Abuse Treatment Agencies***

There are special confidentiality guidelines that apply when working with adults who have been referred to MDHHS by substance abuse treatment agencies. The federal regulations for confidentiality of alcohol and drug abuse are found in 42 CFR Part 2. Use the following guidelines:

- Information regarding the client's involvement in the substance abuse treatment program must be held confidential. It can be shared only if the adult is willing to sign a release. The DHS-27, Authorization to Release Information, is to be used. Other case information may be shared with other agencies when it is in the best interest of the client; see [Services General Requirements Manual \(SRM\) 131, Confidentiality](#).
- Prior to involving these adults with the prosecuting attorney or in judicial proceedings contact either area below for additional guidance:

MDHHS  
Economic Stability  
Administration Supportive  
Adult Services Section  
[MDHHS-Adult-Services-  
Policy@michigan.gov](mailto:MDHHS-Adult-Services-Policy@michigan.gov)

MDHHS  
Behavioral Health and  
Developmental Disabilities  
Administration  
Office of Recovery Oriented  
Systems of Care  
517-373-4700

### ***Social Media***

MDHHS employees must comply with all confidentiality laws and policy. When using social media sites; see [SRM 131](#), Confidentiality, and [Administrative Policy Manual Communications \(APC\) 110](#), Social Media Policy, for additional guidance.

### **MIAIMS**

The Michigan Adult Integrated Management System (MiAIMS) is the automated workload management tool for APS. Documentation for all the APS functions must be completed on MiAIMS, including all collateral and face to face contacts.

### **INTAKE/ REGISTRATION**

- Each local office must have a designated APS complaint coordinator who reviews all referral decisions made by the CI managers. The complaint coordinator is responsible for ensuring that all assigned APS referrals are assigned to an APS worker and responded to timely, according to statutory and policy requirements. The APS complaint coordinator will review cases assigned by CI through a MiAIMS command button labeled *Assignments from CI*.
- The APS complaint coordinator will review cases denied by CI through a MiAIMS command button labeled *CI Dispositions*.

**Note:** The APS complaint coordinator must follow the reconsideration process for any assigned or denied decisions they disagree with. The reconsideration process can be found in [ASM 207, Centralized Intake for Reports of Abuse and Neglect](#).

### **Multiple Referrals for One Individual**

MDHHS may receive multiple referrals on any individual. Each referral must be documented on MiAIMS by CI and reviewed by a CI manager for assignment decision.

When a new referral contains only allegations, which are being addressed in an ongoing investigation, as determined by case documentation, the referral must be denied. The CI manager must print and send an APS referral denial letter to the RS. Each denial

letter is printed on local office letterhead to provide the RS a local office contact number.

When a referral contains allegations that **are not being addressed** in an ongoing investigation, the referral must be reviewed to determine if it meets criteria for a new APS investigation. If the referral meets criteria for an APS investigation, it must be assigned. CI will transfer the referral as open to the local office. The complaint coordinator must send an APS referral acknowledgement letter to the RS.

The APS worker and supervisor must ensure that MiAIMS documentation is updated within 5 business days, and that all allegations which are being addressed are included in the case documentation, including the *investigation module/investigation details* tab of MiAIMS and/or case contacts. CI will review MiAIMS to determine if the current allegations are being addressed in the ongoing APS investigation.

**Note:** When a referral contains allegations that have been previously investigated, CI must review the referral to determine if a new investigation is warranted. Reasons for assignment may include that the client's circumstances may have changed and/or a previous intervention did not alleviate the client's needs on a long-term basis.

## COMPLAINT ASSESSMENT/ ASSIGNMENT

The CI manager will review referral information and determine if there is sufficient justification to warrant assignment for an APS investigation. Both of the following criteria must be met:

- The subject of the reported referral is an adult at risk of harm from abuse, neglect, or exploitation.
- There is reasonable belief the person is vulnerable and in need of protective services.
  - MCL 400.11 defines vulnerable as ".a condition in which an adult is **unable to protect himself or herself** from abuse, neglect, or exploitation because of a mental or physical impairment or advanced age."

If it is determined, based on information provided or information that is already known to the department, that the reported concerns are

resolved, and the individual is no longer at risk of harm from abuse, neglect, or exploitation the referral must be denied. Document the information used to make CI's referral decision in MiAIMS. CI must still determine if the referral is required to be forwarded to another investigative or regulatory authority.

If harm/risk of harm and vulnerability exist, the CI manager must assign the referral to the local office APS complaint coordinator as quickly as possible. The APS complaint coordinator will review the open APS case and assign a worker for an APS investigation and assessment. The location of a vulnerable adult at risk of harm in temporary settings is not cause for denying a referral. Examples of temporary settings include, but are not limited to:

- Hospitals.
- Homeless shelters.
- Domestic violence shelters.

These are not considered safe, stable or protected settings or settings where an individual is not at risk of harm as they are temporary and the individual may require protection and assistance returning to or locating a new, appropriate setting.

APS **will** conduct investigations in temporary settings when the individual meets the criteria of vulnerable and at risk of harm to ensure relocation to a safe, stable environment.

### Notification to the Complainant

The complainant **must be** notified in writing that the referral has been received and is being investigated, or that the complaint is not appropriate for an APS investigation. The APS referral acknowledgement letter and APS referral denial letter are generated on MiAIMS and MiAIMS will auto-populate a contact into the case record when printed.

**The APS referral denial letter must be printed and mailed to the RS by CI.** The letter includes contact information for the local office and must be mailed within ten business days. **The local office APS complaint coordinator or supervisor must print and mail the APS referral acknowledgement letter** for all APS referrals assigned by CI for investigation. The letter must include the name and contact information of the assigned APS worker and must be mailed within ten business days.

**Notification to  
Complainant for  
FEPA Referrals**

If the referral is covered under the Financial Exploitation Prevention Act (FEPA) an email notification will be completed and sent to the referral source upon decision by Centralized Intake (CI) for a denied referral or by Adult Protective Services (APS) in the county where a referral is assigned.

Utilize the following format when sending the email:

Subject:

FEPA Referral Assignment Notification

Narrative:

This email is to notify you that Referral ID XXXXXX-X concerning financial exploitation has been assigned for investigation and has been referred to XXXXXXXX law enforcement agency. The assigned worker is XXXXXXXX and may be contacted by phone (XXX) XXX-XXXX or email xxxxxxxx@michigan.gov.

As a follow up, you will receive a letter informing you of the screening decision and contact information for the DHHS County Office. This letter will be mailed through US postal mail and should be received within 10 business days.

APS complaint coordinator will enter a case contact with the contact type FEPA – Assignment Notification and copy and paste the narrative from the email sent to the referral source.

Subject:

FEPA Referral Denial Notification

Narrative:

This email is to notify you that Referral ID XXXXXX-X concerning financial exploitation has been denied and has been referred to XXXXXXXXXX law enforcement agency, with no further action by the MDHHS Adult Protective Services Division.

As a follow up, you will receive a letter informing you of the screening decision and actions you can take if you have further



concerns. This letter will be mailed through US postal mail and should be received within 10 business days.

## INVESTIGATION PROCESS

**The worker must commence an investigation of all assigned referrals within 24 hours** of the time the complaint was received by CI.

**The worker must commence the investigation** as soon as possible, if CI determines there is risk of imminent danger to the client. A CI manager will contact the local office complaint coordinator or on-call staff when it is determined there is risk of imminent danger.

### Standard of Promptness (SOP)

There must be one contact within 24 hours by phone or in-person with either the client or a collateral contact who has current, relevant information about the client for all cases assigned for investigation.

The purpose of the *24-Hour Contact* is to assess the client's current level of risk of harm related to the allegations and the need for protective services. The collateral contact must provide current, relevant information about the client's well-being. Contact with the **referral source** does not meet the 24-hour initial contact required for the commencement of an investigation.

Contact with the alleged perpetrator does not meet the 24-hour initial contact required for the commencement of an investigation unless the allegations are self-neglect.

Only one contact can be used as the 24-hour SOP event within MiAIMS.

**Any 24-hour contact that is unsuccessful, must be documented in MiAIMS** indicating that the attempt was unsuccessful. During the investigation, the worker must conduct a face-to-face interview with the adult by means of a personal visit in the adult's dwelling, the worker's office, or any other suitable setting. **The face-to-face interview must be completed within 72 hours from the time the complaint was received** at CI. If a face-to-face contact with the client is completed within 24 hours, the 72 hour face-to-face policy has been met.

The worker must make all attempts possible to conduct the initial face-to-face interview with the client **alone**.

Contacting the RS is encouraged during the course of the investigation to gather additional information about the client and allegations.

The worker must interview the alleged perpetrator during the course of the investigation and document that interview in a case contact with contact type *Perpetrator Interview* and in the *Perpetrator Interview Screen* found within the *Investigation* Tab in MiAIMS.

There are some exceptions to interviewing the perpetrator which may include but are not limited to the following:

- The alleged perpetrator is unknown or cannot be located
- Law enforcement requests APS to not interview the alleged perpetrator.
- There is reason to believe this will increase risk of harm to the client.
- There is reason to believe this will create a worker safety issue.

If the alleged perpetrator is not interviewed, list the policy exception and any additional information in the *Perpetrator Detail Screen* found within the *Investigation* tab in MiAIMS.

**Note: Any 72-hour face-to-face contact that is unsuccessful must be documented in MiAIMS** indicating the attempt was unsuccessful.

## Investigation

### ***Statutory Requirements***

The worker must determine if the adult is or was abused, neglected, or exploited and is required to do a thorough, complete investigation for all assigned cases

Pursuant to the Social Welfare Act MCL 400.11-400.11 a-f the investigation/assessment must include:

- An in-person interview with the adult.

- A determination of the nature, extent and cause of the abuse, neglect, or exploitation.
- Examination of evidence.
- Identification, if possible, of the person responsible for the abuse, neglect, or exploitation.
- The names and conditions of other adults in the place of residence.
- An evaluation of the person(s) responsible for the care of the adult, if appropriate.
- The environment of the residence.
- The relationship of the adult to the person responsible for the adult's care.
- An evaluation as to whether or not the adult would consent to receiving protective services.
- Other pertinent data.
- Make available to the adult the appropriate and least restrictive protective services.
- Take necessary action to safeguard and enhance the adult's welfare, if possible.
- Prepare a written report of the investigation and its findings.

### ***Non-statutory Investigation Requirements***

In addition to the statutory requirements listed above, the investigation must include the following:

- The adult's capacity for self-care and management of personal and financial affairs.
- The adult's willingness and capacity to use available resources and services.
- Extent to which natural helping network (friends, relatives, neighbors) is available, capable, and willing to provide protection and/or services.

- Extent to which needed community resources, for example, social, medical, financial, legal, psychiatric, etc. are available, capable, and willing to provide services.
- Feasibility of developing resources required to meet protective goal.

### ***Photographs***

APS may take photographs of the adult and/or their environment with the verbal consent of the adult (who is believed to have the capacity to make informed decisions) or their legal representative. The taking and/or use of photographs must end if the individual's consent is retracted.

The circumstances listed below may occur and should be handled by the AS worker in the following manner:

- If the client has a guardian but the guardian is not present to provide consent, the AS worker may take photographs of the client and common areas of the household ***with the client's consent***.
- If the client's guardian does not consent to photographs but the client does, the AS worker ***must not take photographs***.
- If the client consents to photographs but resides in the home of another who is not present to give consent, the AS worker ***may only take photographs of the client and common areas of the household***.
- If the client consents to photographs but resides in the home of another who ***does not give consent*** to photograph the home, the AS worker may take photographs of the ***client only***.
- Photographs of a home's exterior may be taken without consent as long as the photographs are taken from areas that are visible and legally accessible to the public (for example: sidewalk, side of the road). The AS worker may not enter an enclosed area, such as a fenced yard or an area posted as no trespassing to take photographs.

Both consent and/or retraction of consent must be clearly documented in MiAIMS utilizing a narrative contact including date and time consent was given and/or retracted and by whom it was given or retracted.

## Risk Assessment

The purpose of the APS risk assessment (RA) is to evaluate an APS client's risk of harm based on elements included under the following case factors:

- Client.
- Environment.
- Support network.
- Caregiver(s).
- Perpetrator(s).

**Note:** If the referral alleges only self-neglect, the perpetrator section **does not** need to be assessed. Similarly, if the caregiver(s) is also the alleged perpetrator(s), and there are no other non-caregiving, alleged perpetrators, the perpetrator section **does not** need to be assessed.

The elements of applicable case factors are evaluated based on the following scale:

- **N - Not applicable:** Does not apply to the client's situation.
- **INS - Insufficient:** APS is not able to assess/evaluate.
- **(1) No Risk:** Client is living in a safe and stable environment.
- **(2) Low Risk:** Circumstances that caused the risk are not likely to recur or to escalate in severity.
- **(3) Moderate Risk:** There is a possibility that the risk will escalate and the area of concern warrants attention.
- **(4) High Risk:** Risk is severe and places the client in danger.

Completion of APS risk assessment is required at:

- Case opening.
- Case closing.
- Whenever there is a perceived change in harm or vulnerability.

**Note:** Completing a closing RA using N-not applicable is appropriate if the client dies during the investigation.

Each element of the RA which is scored as moderate or high risk will automatically populate to the APS Plan of Care (POC). This

will assist in the development of the POC and allow the APS worker to focus available services and resources to areas of need for the client.

### Provision of Protective Services

The worker must offer APS intervention when the investigation and assessment determine the adult is in need of protective services because the adult is vulnerable and at risk of harm due to the presence or threat of any of the following:

- Abuse.
- Neglect.
- Exploitation.

The worker must make available the most appropriate and least restrictive protective services to the client, in all substantiated referrals. These services are to be offered as available, directly or through approved purchase of service contracts from other agencies or professionals (MCL 400.11b(6)).

**Note:** The worker must offer services to clients in unsubstantiated cases when a need is determined and provision of the offered services will reduce the risk of the need for future APS intervention. The client or their legal representative must be willing to accept any offered services.

The worker must take necessary action in all substantiated referrals to safeguard and enhance the welfare of the adult, if possible (MCL 400.11b (6)).

The worker must report any actual or suspected violations of licensing laws/rules to the appropriate authority, for example, the LARA licensing consultant for alleged noncompliance with the licensing statute, administrative rules, or terms of the license.

MDHHS CI and adult services staff must report any actual criminal activity or any criminal activity it believes to be occurring to the appropriate law enforcement agency; see [ASM 210](#).

The worker must contact the local substance abuse treatment agency to determine the availability of services when the abuse, neglect or exploitation involves substance abuse (MCL 400.11b (6)). This information must be provided to the APS client and documented in the case record.

## Social Intervention Process

Social intervention/protection services involve seeking out, developing, mobilizing, and coordinating resources of the adult, the department, other social agencies, and the community at large in order to assure protection.

### *Worker Responsibilities*

The APS worker's responsibilities in the social intervention/protection process include the following:

- Begin immediately, upon first contact with the client, to do whatever is necessary to respond directly to the client's needs when other sources of assistance are inadequate or cannot be obtained promptly.
- Place primary emphasis upon developing and enhancing the individual's coping abilities.
- Explore and make maximum use of resources within the individual's natural helping network (for example, family, friends, neighbors, relatives, clergy), and the community, (utility companies, bankers, landlords, service agencies, providers, and licensing personnel).
- Incorporate in the Plan of Care, appropriate roles for involved persons or agents for the purpose of providing protection.
- Inform other responsible agents and involved parties of actions or findings they have a right and/or a need to know in order to perform their duties. **The individual's best interests are always to remain foremost and full rights of confidentiality and due process must be respected.**

**Note:** For a list of services available through APS; see ASM 220.

## STANDARDS FOR ONGOING CASES

The minimum requirements for ongoing cases are:

- A minimum of one face-to-face contact every 30 calendar days after the last successful face-to-face, with the client on all open APS cases.

- All alleged harm identified in the referral or discovered during the investigation must be clearly addressed in the investigation module/investigation details tab of MiAIMS.
- Services initiated by APS must be verified as provided and documented in a *Case Contact* with *Contact Type* of *Service Verification* including how provision of services was verified i.e. in person with client, by phone with client, contact with a collateral contact
- Services paid for utilizing APS funds must be verified, in person, and documented in a *Case Contact* with *Contact Type* of *Service Verification* MiAIMS.
- Cases left open longer than six months **must** have written supervisory approval. The worker must provide documentation to the supervisor explaining why the case must remain open longer than six months. Document supervisory approval *utilizing a Narrative Entry Only* with *Contact Type Approval to Remain Open Over 6 Months* in MiAIMS.

## CASE DOCUMENTATION

Case documentation must include the following:

- **Investigation report** for substantiated and unsubstantiated cases. Unsubstantiated cases can receive prevention services.
- Plan of care (substantiated cases, unsubstantiated cases where services are being provided, or unsubstantiated cases that are not closed prior to day 30).
- **Updated** Plan of care (substantiated cases, and unsubstantiated cases where services are being provided).

### ***Handwritten or Typed Notes***

Handwritten or typed notes, taken by the AS worker, must be accurately transcribed into MiAIMS within 5 business days. Once transcribed, handwritten notes need not be retained.

### **Documentation Standards of Promptness**

- Documentation of all case activity, including any related narrative and MiAIMS updates, **must be** completed in MiAIMS



within 5 business days. These activities include, but are not limited to the following:

- All contacts.
- Alleged perpetrator details.
- Referrals to other agencies.
- Services offered.
- Alleged harm types.
- Legal interventions.
- Risk Assessment.

### **Investigation Report**

For all cases opened to APS, the worker must complete an investigation report. The report must include:

- The nature of the client's situation/problem.
- A summary of the investigation requirements.
- A list of contacts, dates of contacts, and the nature of the contacts with client, family, and others.
- A summary of the facts/reasons for the determination that either:
  - The adult has been harmed, abused, neglected, or exploited and is vulnerable.
  - The adult has not been harmed and/or is not vulnerable.

### **Plan of Care (POC)**

The APS worker must complete an initial plan of care (POC) within 30 calendar days of the referral date under any of the following circumstances:

- All substantiated cases.
- All unsubstantiated cases where services are being referred or provided to the client.

- All cases that are open for 30 days or longer, regardless of substantiation status (for example: the POC should indicate the goals and action steps the APS worker will take to complete the investigation).

**Note:** If day 30 falls on a weekend or holiday, the service plan **must be** completed by the last working day **prior** to day 30.

The APS worker must develop the POC with the client and/or their legal representative, whenever possible and to the extent the client is able and willing to participate in its development. Other participants, in the development of the POC, may include family members, neighbors, friends and other collaborative partners. APS must respect, to the extent possible, the client's choice regarding who he or she wishes to have involved in the development of his or her POC.

The POC must:

- Include any issues and/or areas of concern identified by the client or through the APS investigation.
- Include identified action steps needed to alleviate or reduce the risk from areas of identified issues and/or areas of concern.
- Identify the individual(s) or agency(s) responsible for the action step(s).
- Include the status/progress of the action step(s).
- Include any services/resources offered to the client from the investigation module/investigation details tab in MiAIMS (these will auto-populate to the POC).
- Must include the date and worker's signature.

When the client and/or their legal representative choose(s) to accept services or resources that are offered through the POC, the client or their legal representative **must sign** the POC before a service referral is made by the ASW. During the investigation if more service referrals are needed and accepted by the client or legal representative, the POC must be updated and additional signatures obtained. A copy of each signed POC must be included in the client's case file.

**Exception:** Services may be provided to a client, prior to consent being given, in limited circumstances and on a case by case basis.

The Business Service Center Director or their designee will determine if services will be allowed prior to client consent. **Any of the following must be met for approval:**

- Client's safety is a risk.
- Client's capacity is a risk.
- Services provided will mitigate risk.
- There is a pending petition for guardianship.

If the client is physically unable to sign the POC, and there is no legal representative, an x is acceptable or the APS worker's supervisor may sign. This must be documented in the case record.

**Note:** If the APS worker believes the client is unable to understand a POC due to cognitive or other limitations, **a signature from the client must not be requested.** This must be documented in MiAIMS In the *Consent/Willingness* section in the *Investigation Details* tab of the *Investigation* module.

Signatures are not required if the client or their legal representative do not accept offered services or if needed services or resources are not available.

### Updates to Plan of Care

The POC must be updated in MiAIMS whenever new areas of concern or needs are identified, when there are significant developments affecting the POC, and new services are referred. The updated POC requires a client/guardian signature before each new service referral is made and accepted

Petitions for guardian, conservator, or involuntary commitment are not considered service referrals and do not require a signature however must be documented on the POC as an Action Plan for the ASW.

### Standards For Case Closure

There is no time frame in which an APS case must close, however, services may be terminated, and the case closed when:

- An investigation/assessment has been completed and the worker has determined:

- The referral is unsubstantiated with no identified needs, or the investigation is the responsibility of another agency.
- The referral is unsubstantiated, needs have been identified, a plan of care has been completed **but** the adult refuses services and is aware of the risks and consequences of their situation.
- The referral is unsubstantiated, needs have been identified, a plan of care has been completed **and** any available services referred have been verified as having been provided.
- The referral has been substantiated, a plan of care has been completed, **but** the adult refuses services and is aware of the risks and consequences of their situation.
- The referral is substantiated, a plan of care has been completed and any available services referred have been verified as having been provided.
- Coordination/assistance is no longer required with another investigative authority (for example: law enforcement, LARA, office of recipient rights, etc.).
- There is no ongoing or pending probate court activity.
- Supervisory approval has been obtained for cases showing moderate or high risk in the risk assessment at the time the case is ready to close.
- The APS supervisor has completed an *APS Pre-Closure Case Review* in MiAIMS and all corrections have been completed.
- If the APS client dies the DHS-4712, Adult Services Death report, must be completed in addition to all other statutory requirements for a thorough investigation.

### Termination of Protective Goal

When closing a case, the worker must inform the client or their legal representative and document how the client/legal representative was informed utilizing a *Case Contact* with *Contact Type Case Closure-Client or Guardian* in MiAIMS.

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## Closing Summary

A closing summary must be completed for all APS investigations. Closing summaries are documented in MiAIMS and must include a short, written summary of the investigation including any actions taken since the last client contact and the reason for closure.

If the client refuses services, ***the closing summary must contain the worker's evaluation of the client's ability to make informed choices.***

## Legal Packet

Each case record where guardianship/conservatorship is established, and MDHHS was the petitioner, must have a separate legal packet, which will include:

- Copy of petitions filed.
- Copy of court orders resulting from filed petitions.
- Any other available court documents, legal documents or correspondence affecting the individual's legal rights.

**Note:** Any other court or legal documents provided to APS (for example: circuit or district court documents, probate court records where MDHHS was not the petitioner, or police reports) may also be included in the legal packet.

## Forms/Documen tation

Each case opened to APS must have the following forms and documentation:

- DHS-5530, APS Investigation report.
- DHS 5531, APS Risk assessment.
- DHS 5532, APS Plan of care (if required).
- DHS-5533, APS Closing summary record, with ASW signature.
- Any reports from other agencies, medical providers, or service providers.

- Any written correspondence related to the APS case (this does not include MiAIMS generated letters, for example, the APS Acknowledgment letter).
- Any photographs taken by or provided to the Department.

Other forms are to be located in the case record if utilized, such as:

- Any invoice(s) specifying services provided.
- All billings or invoices related to services paid utilizing MDHHS funds (DHS-93 payments and APS funds).
- DHS-686, Adult services legal representation request.

### Case Monitoring

The APS supervisor must monitor new APS cases monthly, targeting standards of promptness (SOP). Every APS case must be monitored for SOP compliance by the supervisor. SOP monitoring must include the 24-hour collateral, 72-hour face-to-face and 30 day service plan requirements. **This information is obtained utilizing the AS-010, APS Standard of Promptness** report which is available monthly on MiAIMS.

The APS supervisor must monitor all APS cases each month for 30-day, face-to-face contacts. **This information is obtained utilizing the AS-020, APS Monthly Ongoing SOP** report which is available monthly on MiAIMS.

APS supervisors will conduct all case reads utilizing the case reading tools in MiAIMS. APS supervisors will conduct an *APS Pre-Closure Case Review* for every open investigation prior to case closure.

### CASE TRANSFER OUT OF COUNTY

If a client moves out of the county and the **case is**:

- **Not substantiated** - Without pending services, the case is closed and not transferred out.
- **Substantiated** - The case is open with further action needed in the new county, it must be transferred out and reassigned in the new county.

- Ongoing **investigation**/substantiation status not determined - The case is transferred out and reassigned in the new county.

## RETENTION OF CASE RECORDS

APS case records must be retained for **three** years after closure. However, if there are any payments attached to the case, the case records must be retained for **seven years** after date of closure.

## LEGAL BASE

Staff who investigate APS referrals must become familiar with the following laws and rules in relation to the provision of adult protective services:

- Social Welfare Act, MCL 400.11-400.11a-f.
- Public Health Code, MCL 333.21771.
- Estates and Protected Individuals Code, MCL 700.5101 et seq.
- Code of Federal Regulations; Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.
- Financial Exploitation Prevention Act, MCL 487.2081-487.2091.