

### Introduction

Adult Protective Services Intake is responsible for:

- taking reports of abuse, neglect, or financial exploitation of a vulnerable adult,
- reviewing them to determine if they meet criteria for investigation,
- documenting in the case management system, and
- notifying appropriate parties after the intake decision and process is completed.

### Scope

This policy outlines the steps for Adult Protective Services intake counselors to follow when collecting information regarding allegations of abuse, neglect, financial abuse, or financial exploitation of vulnerable adults who are unable to protect themselves. The role of intake is to gather information from the reporter to determine if:

- the report should be assigned for investigation,
- screened out with a referral for other services or to external agencies, or
- if other action should be taken.

### Policy

#### A. Criteria for Adult Protective Services (APS) Investigation

Intake counselors must gather sufficient information to determine if reports meet the minimum criteria for investigation as follows:

1. The alleged victim must be eighteen (18) years of age or older.
2. The alleged victim must:
  - a. have a mental or physical impairment that prevents the adult from protecting himself/herself, or
  - b. be of an advanced age of sixty (60) years or older.

**Note:** Reports of mental or physical impairment or frailty due to aging do not **automatically** meet criteria for investigation. In order to meet the criteria, the report must

include a description of how the condition prevents the adult from protecting themselves or meeting their own needs.

3. There must be no other person available and willing to assist the vulnerable adult.
4. The report must include an allegation that the alleged victim is (or is at risk of) being abused, neglected, or financially exploited/abused. For reports of physical abuse, neglect, or financial exploitation/abuse, the alleged perpetrator must be by a caregiver. For allegations of sexual abuse, the alleged perpetrator does not have to be a caregiver.

#### B. Allegation Types

APS investigates the following allegation types:

1. Physical Abuse
2. Sexual abuse
3. Emotional Abuse
4. Neglect
5. Financial Abuse
6. Financial Exploitation

#### C. Reconsideration Requests and Screen Outs

1. Reconsideration is a request from the field staff for:
  - a. A change in the report assignment from "assigned" to "screen out".
  - b. A change in the priority status to a lower status.
  - c. Correction or clarification of information contained in the report.
  - d. Allegations not consistent with the narrative.
  - e. Additional information is needed.
  - f. Request for screen out.

Reconsideration requests of a report may be made only one (1) time during the life of the report, prior to being accepted for investigation. The final decision lays with the

Intake Director in consultation with the Field Operations Director or designee.

A screen-out is a report that does not meet the APS criteria for assignment, investigation, and assessment. Prior to screening out a report, the intake counselor must establish that the criteria for APS investigation in Section A of this policy were not met. The intake supervisor and the investigative team coordinator must review and approve screen-outs. See the Screen-Outs section of [APS Intake Procedures](#).

2. A screen-out reason must be documented by the intake counselor in the Case Management System (CMS). The intake counselor must also notify the reporter, if known, that the report will not be investigated by APS. Notification must be made to the appropriate authorities as required Tenn. Code Ann. § 71-6-103(d)(1).

The investigative team coordinator must ensure that the reporter is notified if a report that was initially assigned is reconsidered and later screened out. The team coordinator may delegate this responsibility to an investigative specialist.

**Note:** APS does not have the authority to investigate self-neglect, however, these vulnerable adults may accept services (such as through the CREST Program) to prevent abuse, neglect, and exploitation (A/N/E). See [APS Plan of Operations for HB944](#)

3. Reports received on alleged victims who are incarcerated shall be entered in the CMS.
  - a. The report must be screened out if:
    - i. The alleged perpetrator is in jail or prison staff, or
    - ii. The alleged perpetrator is reported to be another inmate.
  - b. If the alleged victim is in prison, the intake counselor should instruct the reporter to provide this information to the Department of Correction (DOC). If the alleged victim is in the local jail or detention center, the reporter should be instructed to contact the local district attorney (DA).
 

**Exception:** If the incarcerated alleged victim is believed to suffer from a cognitive deficit, APS may accept a report for investigation.
  - c. If a report is received on an alleged victim who is in jail or prison; but they are being released to a home where alleged abuse may occur or there is a risk of harm and the report meets all other APS criteria, the report may be assigned. Reports will be assigned on the date that the individual is released.

**Note:** Reports on clients that reside outside of the state must be entered in the CMS by the intake counselor. Allegations must then be reported to the jurisdiction where the alleged A/N/E occurred. Refer to the [8.10 Adult Protective Services Interstate](#) policy.

#### D. Allegations Occurring Within a Facility

1. Reports of incidents between patients/residents in a facility shall be assigned for investigation when there is reason to believe, or it is alleged that any facility employee or contracted employee:
  - a. Was negligent,
  - b. Failed to properly supervise the patients/residents,
  - c. Failed to take appropriate action to prevent the reported incident(s) from occurring,
  - d. Could have anticipated an incident (for example, patient has a history of abusive acting out),
  - e. When allegations include any form of sexual abuse, or
  - f. When the CMS indicates that there is an open case or that there have been other reports involving this victim or facility which may indicate negligence on the part of the facility.
2. Reports of incidents between patients/residents will not be assigned for investigation when the reporter has no reason to believe that the incident could have been anticipated by the facility, and the reporter believes that the facility has responded appropriately to prevent additional incidents.
3. Reports of A/N/E occurring in facilities operated by Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) or Department of Intellectual and Developmental Disabilities (DIDD) must not be investigated by APS. Investigation of those allegations may be completed by TDMHSAS or DIDD based on their agency's criteria. This applies to the following facilities:
  - a. Middle TN Mental Health Institute
  - b. Western State Mental Health Institute
  - c. Memphis Mental Health Institute
  - d. Moccasin Bend Mental Health Institute
  - e. Harold Jordan Center
  - f. Intermediate Care Facilities (ICF) established by DIDD that are state-owned and operated.

**Note:** Reports of harm to individuals residing in one of the above facilities that occur while

the adult is outside the facility shall be accepted for investigation if it meets APS criteria.

4. Reports of A/N/E occurring in a federally operated Veterans Affairs' (VA) facility shall not be assigned for investigation and the reporter should be advised to contact the VA directly. If the allegations occurred outside of the VA facility, but the vulnerable adult is currently in a VA facility, APS must investigate if it meets the criteria.

**E. Reports Involving Death of an Alleged Victim**

1. Reports shall be assigned for investigation on behalf of a deceased alleged victim if:
  - a. there is reason to believe other vulnerable adults may be at risk; or
  - b. there is reasonable cause to believe that A/N/E occurred and contributed to the death of the alleged victim; or
  - c. the alleged perpetrator is a caregiver; and
  - d. all three criteria (age, impairment, and allegations) have been met.
2. If another specific alleged victim is reported to be in similar circumstances, a report for the surviving alleged victim must be created and accepted. If the alleged perpetrator was not a caregiver and

there is no reason to believe that other vulnerable adults are at risk, the report may be screened out.

**F. Victims and Alleged Perpetrators Under the Age of Eighteen (18)**

1. Reports regarding victims under the age of eighteen (18) must be made to the Department of Children’s Services (DCS) and documented in the CMS.
2. Intake counselors must consult their direct supervisor on reports in which an alleged perpetrator is under the age of eighteen (18). If further guidance is needed, Office of General Counsel (OGC) shall be consulted to determine if the perpetrator can be considered a caregiver. Since sexual abuse does not require a caregiver, reports with these allegations shall automatically be assigned.

**Supporting Documents**

- [APS Intake Procedures](#)
- [APS Assignment Response Categories](#)
- [Centers for the Deaf, Deaf-Blind, and Hard of Hearing](#)
- [1.04 TDHS Limited English Proficiency \(LEP\) Guidelines](#)
- [8.10 Adult Protective Services Interstate](#)
- [Guidelines for Obtaining Needed Information at Intake](#)

**Definitions/Acronyms**

<b>Term</b>	<b>Definition</b>
<b>A/N/E</b>	Abuse/Neglect/Exploitation
<b>APS</b>	Adult Protective Services
<b>APS Client</b>	An APS client is defined as a vulnerable adult who meets the criteria for APS protective services OR a vulnerable adult who has no one able to assist them and accepts services to prevent abuse, neglect, and/or exploitation.
<b>CMS</b>	Case Management System
<b>DA</b>	District Attorney
<b>DCS</b>	Department of Children’s Services
<b>DIDD</b>	Department of Intellectual and Developmental Disabilities
<b>DOC</b>	Department of Correction
<b>Emotional Abuse</b>	Emotional abuse is defined in the Adult Protection Act within abuse as “The infliction of... Mental anguish... by a caretaker...” The Journal of Elder Abuse and Neglect, Vol. 10, April 1999, p. 120, defines psychological/emotional abuse as: “The infliction of mental anguish or the provocation of fear, violence or isolation by a person in a relationship of trust. It diminishes the dignity, identity, and self-worth of the vulnerable adult.”
<b>Facility</b>	Any institution, residence, intermediate care facility for individuals with an intellectual disability, care home, or any other adult residential facility that is licensed and/or unlicensed in which three (3) or more vulnerable adults reside and pay for health care/services.

<b>Financial Abuse</b>	Behavior that is coercive, deceptive, or that unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which the person is entitled, including using coercion, fraud, or manipulation to: <ul style="list-style-type: none"> <li>• Restrict a person's access to money, assets, credit, or financial information;</li> <li>• Unfairly use a person's economic resources, including money, assets, and credit, to gain an advantage; or</li> <li>• Exert undue influence over a person's financial behavior or decisions, including forcing default on joint or other financial obligations; exploiting powers of attorney, guardianship, or conservatorship; or failing or neglecting to act in the best interest of the person to whom a fiduciary duty is owed.</li> </ul>
<b>Financial Exploitation</b>	Improper use by a caregiver of funds that have been paid by a governmental agency to an adult or to the caregiver for the use or care of the adult.
<b>ICF</b>	Intermediate Care Facilities
<b>Neglect</b>	The omission by a caretaker of services/care needed by an adult to prevent physical or mental injury/illness.
<b>OGC</b>	Office of General Counsel
<b>Physical Abuse</b>	Generally, involves physical harm to the adult, including the: <ul style="list-style-type: none"> <li>• infliction of pain and/or injury,</li> <li>• unreasonable confinement,</li> <li>• hitting, burning, kicking, and pinching by the caregiver, and/or chemical (over or under medicating) or mechanical restraints (not authorized by a physician).</li> </ul>
<b>Self-Neglect</b>	The result of an adult's own inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs. APS does not have the authority to investigate self-neglect.
<b>Sexual abuse</b>	"Sexual Abuse" means the forcing, tricking, threatening, or otherwise coercing of an adult, as defined by these rules, by another individual into sexual activity, involuntary exposure to sexually explicit material or language, or sexual contact against such adult's will. Sexual abuse also means sexual activities or contact with another individual when the adult is unable to give consent.
<b>TDMHSAS</b>	Tennessee Department of Mental Health and Substance Abuse Services
<b>TDHS</b>	Tennessee Department of Human Services
<b>VA</b>	Veterans Affairs

**Supersedes**

8.02 APS Intake, eff. date 06/29/2023

**Approval History**

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Clarence Carter	Commissioner	12/03/2023	12/15/2023
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Danielle Barnes	Commissioner	04/03/2020	05/01/2020

**Revision History**

Date	Version	Location of Change	Description/Reason for Change
12/03/2023	12/15/2023	Policy Section and Definition	Added financial abuse in two locations, added APS Client definition

06/29/2023	07/15/2023	Policy Section and Definitions	Removed self-neglect investigation requirement references
12/14/2022	01/01/2023	Introduction, Policy section, and definitions	Introduction section: Updated language for clarity; Policy sections C & E clarifying reasons for screening out calls; Definition for sexual abuse updated.
04/03/2020	05/01/2020	N/A	New Policy

<b>Approved By</b>	<i>Clarence H. Carter</i>	<b>Approval Date</b>	12/03/2023
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<b>Application</b>	Adult Protective Services Intake Counselors and Intake Supervisors		