



OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan

Executive Deputy Commissioner

*Lorraine Williams, Director of Procedures
Adult Protective Services*

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DISTRIBUTION: ALL SOCIAL WORK STAFF

ENGAGING CLIENTS WHO REFUSE TO GRANT APS ACCESS TO THE HOME

Purpose: The purpose of this policy bulletin is to instruct social work staff on engaging clients where access to the home is denied by the referred person or other person involved. Engaging the referred person to encourage cooperation helps prevent referrals to the Office of Legal Affairs for an Order to Gain Access. The procedure is informational for all other APS staff.

■ **OVERVIEW**

Adult Protective Services (APS) is a state-mandated program that provides services to adults 18 years of age and older, without regard to income, who are:

- Mentally and/or physically impaired and
- Due to the impairment, are unable to manage their own risks and
- Have no one available who is willing and able to assist them responsibly.

When a referral is made to APS, a home visit must be attempted within 24 hours for emergency referrals. All other referrals (non-emergency) require a home visit within 3 working days. If an ACS caseworker is continuously denied entry to the referred person's home for the purpose of completing an assessment, the Field Office may consider requesting an Order to Gain Access (OGA) through the Office of Legal Affairs.

An OGA is an order issued by the New York State Supreme Court that grants APS authorization to enter a referred person's home if there is reasonable cause to believe the referred person is in need of protective services. When an OGA is issued, the APS caseworker is accompanied by a police officer, mental health professionals, and a locksmith. Execution of an OGA is extremely intrusive and every effort must be made to engage the referred person prior to requesting an OGA, including referring the case to the Social Work Unit.

■ **SOCIAL WORKER ACTIONS**

The APS Field Office director, deputy director, or designee identifies cases in need of social work intervention and refers the case to the Social Work Unit. The case is conferenced with the social work staff in person or via any form of teleconferencing. Upon evaluating the potential risks of the client, when possible, the caseworker will coordinate an initial joint visit with the assigned social work staff.

Home Visit

Prior to the initial social work visit, the social work staff will prepare the following tools to be completed during the home visit:

- **Social Work Assessment form** (not required if a current psychosocial evaluation, conducted within 180 days, is available).
- **Interview for Decisional Abilities Tool** unless the referred person:
 - declined to participate,
 - has a neurocognitive disorder and is unable to participate,
 - has a psychiatric disorder and is unable to complete reality testing, or
 - is fluent in a language other than English and translation is required.
- Any other tools provided by the social work supervisor and are relevant to the identified issues presented which may include the following:
 - Psychosocial Evaluation;
 - PHQ-9 Patient Depression Questionnaire;
 - Mental Status Examination;
 - Suicide Risk Assessment Tool;
 - Safety Planning Tool;
 - Homes Multidisciplinary Risk Assessment;
 - Generalized Anxiety Disorder Scale;
 - Cage-Aid Substance Use Screening; and
 - Resources.

During the visit, social work staff will utilize engagement skills to persuade the referred person to allow the APS caseworker to complete the home visit. Engage the referral source or other collaterals who may assist in the effort to gain access. If access is being denied by another person, consider requesting an escort from the NYPD.

If the referred person grants access to the home, the social work staff will use the social work tools to complete an assessment. A Social Work Assessment or psychosocial evaluation and Interview for Decisional Abilities tool must be completed during home visits.

Social Work Plan

Social work staff will create a social work plan based on the risk being explored. Examples of a social work plan will vary based on the identified risk such as:

- Abuse;
- Neglect by others;
- Financial exploitation;
- Self-endangerment;
- Self-neglect;
- Requires assistance with daily activities;
- Inability to manage finances;
- Requires assistance with accessing benefits;

- Environment hazard;
- Eviction; or
- Any other risk identified.

All interventions utilized must be documented in APSNET. If the social work plan is discontinued, enter a progress note in APSNET and indicate the reason for discontinuing the social work plan.

Documenting the Case

Social workers (or social work supervisors) will enter referred cases in the Social Work Tracking tool on a weekly basis. Information to be included in the tracking tool are:

- Case Name;
- Referral ID
- Date of Social Work Service;
- Case Type;
- IDA Risk Assessed
- IDA sent (to Customized Assistance Services, VPS Clinical Intake);
- Field Office;
- Brief Case Summary;
- Social Work Plan; and
- Supervisory Comments.

All notes from interactions and visits with clients must be entered in APSNET within five business days. Visit outcomes and the social work plan must be documented as progress notes. Contacts with clients and collateral sources must be documented as an interaction.

■ SOCIAL WORK SUPERVISOR ACTIONS

Social work supervisors will review the tracking tool, including related assessment tools completed by the social worker, on a weekly basis. Based on the social worker's assessment and recommended service plan, the supervisor will determine the next steps to be taken on the case. The supervisor will annotate the next steps and any changes in the service plan, if needed, in the tracking tool for the social worker.

Effective immediately.