



APS Referral Process Training Tutorial

For the Aging Network

Developed by
The Department of Elder Affairs

January 2008

Charlie Crist
Governor

Doug Beach
Secretary

APS Referral Process Training Tutorial

For the Aging Network

This training tutorial is intended to be used by area agency on aging and lead agency staff, referred to collectively as the “aging network.”

A separate tutorial was created for DCF Adult Services staff which can be found on the APS Referral Tracking Tool (ARTT) Web site.

APS Referral Process Training Tutorial

For the Aging Network

The Purpose of this Tutorial

This training tutorial reviews the tools, resources and several processes in place that ensure the timely delivery of services to victims of abuse, neglect or exploitation aged 60 and older referred by DCF Adult Protective Services to the aging network.

The aging network is mandated by Florida Statutes (section 430.205(5)) to serve Adult Protective Services referrals.

APS Referral Process Training Tutorial

For the Aging Network

The Purpose of this Tutorial (continued)

This tutorial reviews how to use the APS Referral Tracking Tool, the tool used to track APS referrals made by DCF to the aging network.

This tutorial also reviews several requirements for assessing and serving APS referrals, data entry in CIRTS and case file documentation for APS referrals.

APS Referral Process Training Tutorial

For the Aging Network

The Purpose of this Tutorial (continued)

In addition, the resources available on the DOEA Intranet, including the APS Referral Tracking Tool Web site, to assist in processing and monitoring APS referrals are reviewed.

This tutorial does not review all required processes and activities. All required processes and activities are documented in the Adult Protective Services Referrals Operations Manual.

APS Referral Process Training Tutorial

For the Aging Network

About this Tutorial

- This training tutorial is viewed with Microsoft PowerPoint.
- To start this tutorial select *View Show* from the *Slide Show* menu.
- To proceed through the slides in this tutorial click the mouse or press the Page Dn key, the down arrow or the right arrow on your keyboard.

APS Referral Process Training Tutorial


For the Aging Network

About this Tutorial (continued)

- To return to the previous slide use the Page Up key, the up arrow or the left arrow on your keyboard.
- To exit from this tutorial click the Esc key.

APS Referral Process Training Tutorial

For the Aging Network

To assist those familiar with APS referral policy and the ARTT in identifying new information contained in this tutorial, the icon  is shown in the upper right-hand corner of slides where new information is discussed.

APS Referral Process Training Tutorial

For the Aging Network

Several slides in this tutorial contain links to APS-related material available on the Department of Elder Affairs (DOEA) Intranet.

If you are not connected to the DOEA Intranet these links will not work.

Note: Screen shots contained in this tutorial were accurate when the tutorial was developed. Web pages may have subsequently changed.

APS Referral Process Training Tutorial

For the Aging Network

This training tutorial is divided into 5 sections:

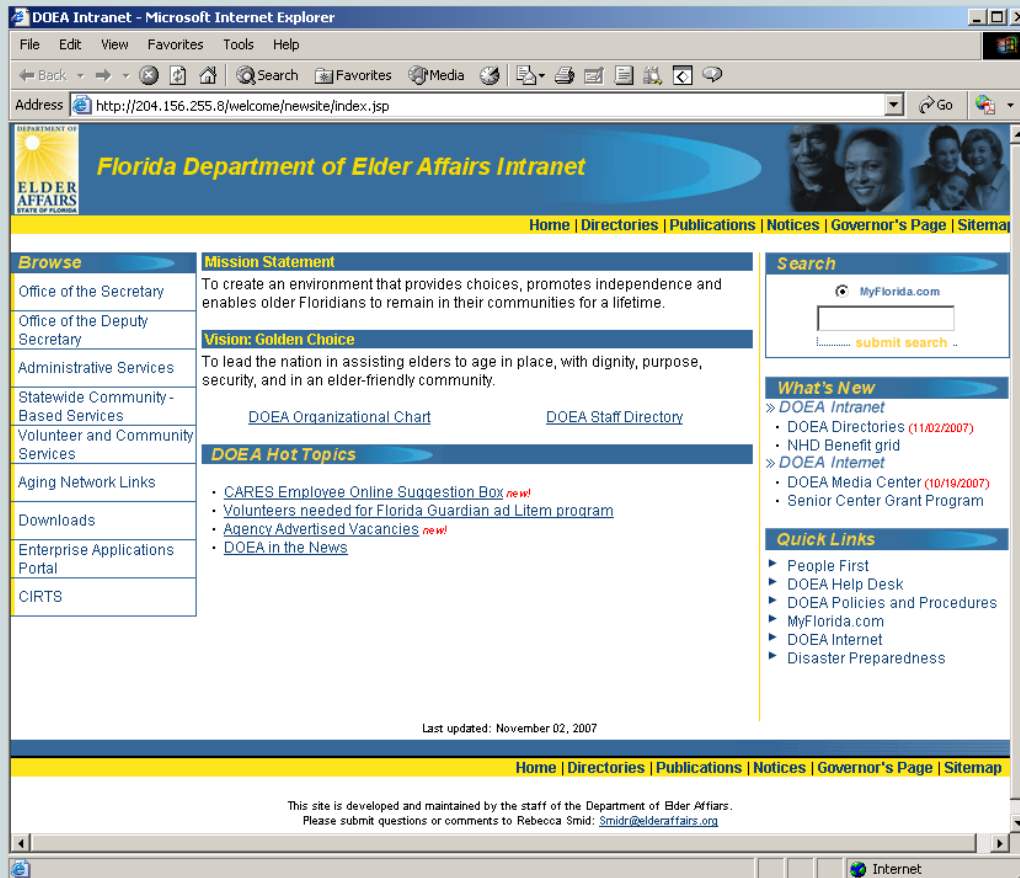
- Section 1 The APS Referral Tracking Tool Web Site
- Section 2 The APS Referral Tracking Tool
[Click Here to Go To Section 2](#)
- Section 3 Assessing and Serving APS Referrals
[Click Here to Go To Section 3](#)
- Section 4 CIRTS Entries and Case File
Documentation for APS Referrals
[Click Here to Go To Section 4](#)
- Section 5 AAA Monitoring [Click Here to Go To Section 5](#)

APS Referral Process Training Tutorial

For the Aging Network

Section 1

The APS Referral Tracking Tool Web Site



The APS Referral Tracking Tool (ARTT) Web site is accessible from the DOEA Intranet page, shown above.

DOEA Intranet - Microsoft Internet Explorer

Address: http://204.156.255.8/welcome/newsite/index.jsp

Florida Department of Elder Affairs Intranet

Home | Directories | Publications | Notices | Governor's Page | Sitemap

Browse

- Office of the Secretary
- Office of the Deputy Secretary
- Administrative Services
- Statewide Community-Based Services
- Volunteer and Community Services
- Aging Network Links
- Downloads
- Enterprise Applications Portal
- CIRTIS

Mission Statement

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

Vision: Golden Choice

To lead the nation in assisting elders to age in place, with dignity, purpose, security, and in an elder-friendly community.

[DOEA Organizational Chart](#) [DOEA Staff Directory](#)

DOEA Hot Topics

- [CARES Employee Online Suggestion Box](#) *new!*
- [Volunteers needed for Florida Guardian ad Litem program](#)
- [Agency Advertised Vacancies](#) *new!*
- [DOEA in the News](#)

Search

MyFlorida.com

submit search ..

What's New

- » [DOEA Intranet](#)
- [DOEA Directories](#) (11/02/2007)
- [NHD Benefit grid](#)
- » [DOEA Internet](#)
- [DOEA Media Center](#) (10/19/2007)
- [Senior Center Grant Program](#)

Quick Links

- ▶ [People First](#)
- ▶ [DOEA Help Desk](#)
- ▶ [DOEA Policies and Procedures](#)
- ▶ [MyFlorida.com](#)
- ▶ [DOEA Internet](#)
- ▶ [Disaster Preparedness](#)

Last updated: November 02, 2007

Home | Directories | Publications | Notices | Governor's Page | Sitemap

This site is developed and maintained by the staff of the Department of Elder Affairs.
Please submit questions or comments to Rebecca Smid: Smidr@elderaffairs.org

To access the ARTT Web site, click on either the *Enterprise Applications Portal* or the *CIRTIS* link.

Note: clicking on the *CIRTIS* link will require you to log in with a Single Sign-On (SSO) username and password.

The screenshot shows the Florida Department of Elder Affairs Intranet website. The browser title is "DOEA Intranet - Microsoft Internet Explorer". The address bar shows "http://204.156.255.8/welcome/newsite/index.jsp". The page header includes the DOEA logo and the text "Florida Department of Elder Affairs Intranet". The navigation menu at the top includes "Home | Directories | Publications | Notices | Governor's Page | Sitemap".

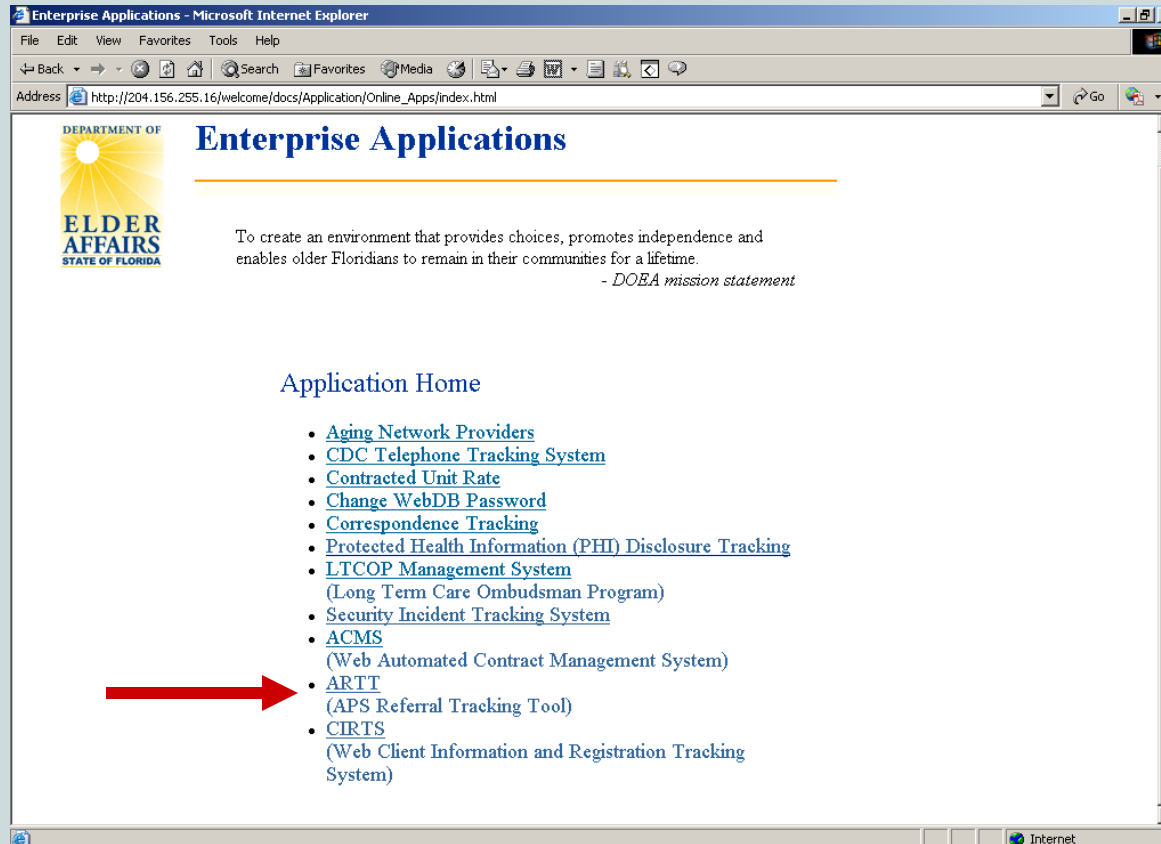
The main content area is divided into several sections:

- Browse:** A vertical list of links including "Office of the Secretary", "Office of the Deputy Secretary", "Administrative Services", "Statewide Community-Based Services", "Volunteer and Community Services", "Aging Network Links", "Downloads", "Enterprise Applications Portal", and "CIRTS". A red arrow points to the "Enterprise Applications Portal" link.
- Mission Statement:** "To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime." It also includes the "Vision: Golden Choice" and a statement about leading the nation in assisting elders.
- DOEA Hot Topics:** A list of links including "CARES Employee Online Suggestion Box new!", "Volunteers needed for Florida Guardian ad Litem program", "Agency Advertised Vacancies new!", and "DOEA in the News".
- Search:** A search box with the text "MyFlorida.com" and a "submit search" button.
- What's New:** A list of recent updates including "DOEA Intranet", "DOEA Directories (11/02/2007)", "NHD Benefit grid", "DOEA Internet", "DOEA Media Center (10/19/2007)", and "Senior Center Grant Program".
- Quick Links:** A list of links including "People First", "DOEA Help Desk", "DOEA Policies and Procedures", "MyFlorida.com", "DOEA Internet", and "Disaster Preparedness".

The footer includes the text "Last updated: November 02, 2007" and "This site is developed and maintained by the staff of the Department of Elder Affairs. Please submit questions or comments to Rebecca Smid: Smidr@elderaffairs.org".

If you do not have a SSO username and password, or do not wish to log in with your SSO username, click on the *Enterprise Applications Portal* link.

Note: Use of the ARTT does not require a SSO username and password.



The page shown above is displayed after the *Enterprise Applications Portal* link is selected on the DOEA Intranet page. Click on the *ARTT* link to bring up the APS Referral Tracking Tool (ARTT) Web site.

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://199.250.26.136/portal/page?_pageid=33,32395,33_32411&_dad=portal&_schema=portal

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.
- DOEA Mission Statement

Applications Reports Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [Aging Network Providers](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT](#) - ADA Waiver Holistic Monitoring Tool

- ▶ [APEX](#) - Application Express
 - EDI File Exchange
 - Phone Tracking System

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Internet

The page shown above is displayed after the *CIRTS* link is selected on the DOE Intranet page and you have entered your SSO username and password.

Click on the *ARTT* link to bring up the ARTT Web site.



APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

ARTT Administrators
DCF staff needing access to the ARTT should contact Dennis Carroccio at dennis_carroccio@dcf.state.fl.us. Area Agency on Aging program managers needing access to the ARTT should contact Mindy Sollisch at sollischm@elderaffairs.org

Information about setting your ARTT password can be found at the bottom of this page.



ARTT Links

[Create a New Referral](#)

[Search for an Existing Referral](#)

[Change Your Password](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

Newsletters

[ARTT News](#) January 2006

[ARTT News](#) January 2005

[ARTT News](#) September 2004

ARTT Passwords

ARTT passwords must comply with the following rules:

- 1) Your new password must be at least 8 characters long.
- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

The ARTT Web site is pictured to the left.

The web address of the ARTT Web site is:

<https://199.250.26.80/artt.html>

Address <https://199.250.26.80/artt.html> Go

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA


ARTT Referral Tracking Tool Website

Elder Referrals Age 60+ Sent to the Aging Network

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ARTT Links

- [Create a New Referral](#)
- [Search for an Existing Referral](#)
- [Change Your Password](#)



Documentation/Support

- [Adult Protective Services Referrals Operations Manual](#)
- [Nursing Home Diversion Provider Contact List](#)
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- [AAA, DCF and Lead Agency Memorandum of Understanding](#)
- [ARTT User Manual](#)
- [ARTT Set-Up Instructions](#)
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The ARTT Web site is pictured to the left.

The web address of the ARTT Web site is:
<https://199.250.26.80/artt.html>

This address can also be typed directly into your browser's address field.

After you display the ARTT Web site, you may want to bookmark the Web site for easy access in the future.



APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

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The ARTT Web site contains links to important information needed by staff responsible for referring, tracking or serving victims of abuse, neglect or exploitation aged 60 and older.



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The first two links in the **ARTT Links** section launch the APS Referral Tracking Tool (ARTT).

About the ARTT

The APS Referral Tracking Tool is used by DCF Adult Protective Services staff to ensure that each victim of abuse, neglect or exploitation aged 60 or older and in need of home and community-based services is referred to the appropriate agency.

Adult Protective Services staff use the ARTT to record their investigations' findings and document the services needed.

The ARTT automatically notifies the appropriate aging network staff (by sending an email) after information for a victim of abuse, neglect or exploitation is entered into the tool.

Aging network staff use the information entered in the ARTT to learn about the individuals being referred, including the services needed.

Aging network staff also document in the ARTT the actions they have taken, allowing DCF staff to track the progress of the individuals they refer for services.

More information about how to use the ARTT will be discussed in Section 2.

In order to access the ARTT you must have the following:

- Access to the Department of Elder Affairs' Intranet;
- A web browser, such as Microsoft's Internet Explorer;
- Four required files installed; and
- A username and password.



APS Referral Tracking Tool Website

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A username and password are required to use the ARTT.

If you need a username and password, contact the appropriate person listed at the top of the ARTT Web site.

Address <https://199.250.26.80/artt.html> Go




APS Referral Tracking Tool Website

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	<h3 style="color: #E67E22;">ARTT Links</h3> <p>Create a New Referral</p> <p>Search for an Existing Referral</p> <p>Change Your Password</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <h3 style="color: #E67E22;">Documentation/Support</h3> <p>Adult Protective Services Referrals Operations Manual</p> <p>Nursing Home Diversion Provider Contact List</p> <p>DOEA and DCF Memorandum of Agreement</p> <p>AAA, DCF and Lead Agency Memorandum of Understanding</p> <p>ARTT User Manual</p> <p>ARTT Set-Up Instructions</p> <p>APS Referral Process Checklist</p> <p>APS Referral Process (Powerpoint)</p> </td> <td style="width: 50%; vertical-align: top;"> <h3 style="color: #E67E22;">Newsletters</h3> <p>ARTT News January 2006</p> <p>ARTT News January 2005</p> <p>ARTT News September 2004</p> </td> </tr> </table>	<h3 style="color: #E67E22;">Documentation/Support</h3> <p>Adult Protective Services Referrals Operations Manual</p> <p>Nursing Home Diversion Provider Contact List</p> <p>DOEA and DCF Memorandum of Agreement</p> <p>AAA, DCF and Lead Agency Memorandum of Understanding</p> <p>ARTT User Manual</p> <p>ARTT Set-Up Instructions</p> <p>APS Referral Process Checklist</p> <p>APS Referral Process (Powerpoint)</p>	<h3 style="color: #E67E22;">Newsletters</h3> <p>ARTT News January 2006</p> <p>ARTT News January 2005</p> <p>ARTT News September 2004</p>
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The files needed to access the ARTT, along with installation instructions, are accessible from the ARTT Web site in the **Documentation/Support** section.

<p>Understanding</p> <p>ARTT User Manual</p> <p>ARTT Set-Up Instructions</p> <p>APS Referral Process Checklist</p>	
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Documentation/Support

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If you do not feel comfortable installing files on your computer, contact the LAN administrator at the area agency on aging for assistance.

If you feel comfortable installing the necessary files, click on the *ARTT Set-Up Instructions* link to bring up the Setup Instructions screen. This screen contains the necessary files and installation instructions...

Address https://199.250.26.80/artt_setup.html Go

How to Setup a PC for DOEA Web Application

For Microsoft Internet Explorer 6.0 and Netscape Navigator 4.7x on Windows 98/2000

—

1. Download Files (40MB Disk Space Required).

Create a new folder C:\9iasR1_client and then download the following files into the folder:

- [jinit.exe](#)
- [certdb.exe](#)
- [9iasv1CA.crt](#)
- [9idbCA.crt](#)
- [AcroReader51_ENU.exe](#) (optional)
- [cc32d479.exe](#) (optional)

Or download the following file and unzip its contents to the folder C:\9iasR1_client (additional 40MB disk space required):

- [9iasR1_client.exe](#)

2. Install and Configure the Oracle JInitiator.

First install the Oracle JInitiator 1.3.1.9 (double-click on jinit.exe, accept default settings). Then double-click on certdb.exe to unzip the file to its default location.

3. Install Certificates.

For the Microsoft Internet Explorer 6.0, double-click on 9iasv1CA.crt to install the CA certificate. And then 9idbCA.crt.
For the Netscape Navigator 4.7x, upon connecting to ARTT website, install the site certificate with the "Accept this certificate forever (until it expires)" option at the "New Site Certificate" prompt.

Done Internet

The Setup Instructions screen is shown above. Follow the instructions to install the required files. The first four files listed are required. The last two files (installers for Adobe Acrobat and Netscape Navigator) are optional.

Address https://199.250.26.80/artt_setup.html Go

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Done Internet

For step-by-step instructions on installing the required files, click on the link below.

[Click Here for Additional Set-up Instructions](#)

Address <https://199.250.26.80/artt.html> Go

 **DEPARTMENT OF ELDER AFFAIRS**
STATE OF FLORIDA


APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

ARTT Administrators
DCF staff needing access to the ARTT should contact Dennis Carroccio at dennis_carroccio@dcf.state.fl.us. Area Agency on Aging program managers needing access to the ARTT should contact Mindy Sollisch at sollischm@elderaffairs.org

Information about setting your ARTT password can be found at the bottom of this page.

	<h3>ARTT Links</h3> <ul style="list-style-type: none">Create a New ReferralSearch for an Existing ReferralChange Your Password	
	<h3>Documentation/Support</h3> <ul style="list-style-type: none">Adult Protective Services Referrals Operations ManualNursing Home Diversion Provider Contact ListDOEA and DCF Memorandum of AgreementAAA, DCF and Lead Agency Memorandum of UnderstandingARTT User ManualARTT Set-Up InstructionsAPS Referral Process ChecklistAPS Referral Process (Powerpoint)	<h3>Newsletters</h3> <ul style="list-style-type: none">ARTT News January 2006ARTT News January 2005ARTT News September 2004

ARTT Passwords
ARTT passwords must comply with the following rules:

- 1) Your new password must be at least 8 characters long.
- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

There are other important links on the ARTT Web site.

The *Change Your Password* link in the **ARTT Links** section allows you to change your ARTT password.

Note: This link should only be used after you have successfully logged into the ARTT at least once with your username and password.



APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

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ARTT Links

[Create a New Referral](#)

[Search for an Existing Referral](#)

[Change Your Password](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

Newsletters

[ARTT News](#) January 2006

[ARTT News](#) January 2005

[ARTT News](#) September 2004

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- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.



Passwords must follow 5 rules. These rules are listed at the bottom of the ARTT Web site.

Address <https://199.250.26.80/artt.html> Go




APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.


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Information about setting your ARTT password can be found at the bottom of this page.



ARTT Links

- [Create a New Referral](#)
- [Search for an Existing Referral](#)
- [Change Your Password](#)



Documentation/Support

- [Adult Protective Services Referrals Operations Manual](#)
- [Nursing Home Diversion Provider Contact List](#)
- [DOEA and DCF Memorandum of Agreement](#)
- [AAA, DCF and Lead Agency Memorandum of Understanding](#)
- [ARTT User Manual](#)
- [ARTT Set-Up Instructions](#)
- [APS Referral Process Checklist](#)
- [APS Referral Process \(Powerpoint\)](#)

Newsletters

- [ARTT News January 2006](#)
- [ARTT News January 2005](#)
- [ARTT News September 2004](#)

ARTT Passwords

ARTT passwords must comply with the following rules:

- 1) Your new password must be at least 8 characters long.
- 2) Your new password must be different from your username,
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

The **Documentation/Support** section contains useful information, in addition to installation instructions.

Let's review what else is available in this section.





Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The first link in this section is the *Adult Protective Services Referrals Operations Manual* link.

Clicking on this link will bring up the manual in Microsoft Word.

This manual defines the APS referral processes and procedures for Adult Services and aging network staff.

[Click here to open the APS Operations Manual](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The *Adult Protective Services Referrals Operations Manual* should be read by all ARTT users. The manual explains important policies such as:

- Which portions of the ARTT must be completed and when?
- What must be included in the case files?
- What needs to be done if a referral is a Nursing Home Diversion client?

[Click here to open the APS Operations Manual](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The *Nursing Home Diversion Provider Contact List* links to a list of Nursing Home Diversion Waiver (Diversion Waiver) providers' primary, secondary, and 24-hour or after-hour contacts.

[Click here to open the Diversion Provider Contact List](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)



If an APS referral is determined to be a Diversion Waiver client, the Diversion Waiver provider with whom the individual is enrolled must be contacted and the referral packet provided to them.

You must contact the Diversion Waiver provider within 2 hours of receiving the referral packet from DCF for high-risk referrals (as soon as possible for intermediate and low-risk referrals).

Diversion Waiver providers have 24 hours to respond to the intake entity if they are contacted after business hours, on weekends or holidays.

If you are unable to make contact with a Diversion Waiver provider using the information contained in the contact list or the provider does not provide assurance that the high-risk client's crisis will be resolved, the necessary crisis-resolving services must be offered to the individual. The cost of providing these crisis-resolving services will be reimbursed by the Diversion Waiver provider if the individual was enrolled at the time services are provided.

Lead Agency Staff

Lead agency staff who receive a referral (any risk level) for an individual who is a Diversion Waiver client must provide the name of the client and the Diversion Waiver provider to the area agency on aging.

Area Agency on Aging Staff

Area agency on aging staff must then send an email containing the name of the client and the Diversion Waiver provider to their DOEA contract manager in Tallahassee.

Coming Soon: The Client Enrollments screen in the Client Information and Registration Tracking System (CIRTS) will soon include an entry for each individual “enrolled” in the Diversion Waiver.

The entry will state the name of the Diversion Waiver provider with whom the client is enrolled and when they started receiving services.

Each area agency on aging should define a process for determining if each APS referral is a Diversion Waiver client.

We will now look at how to make this determination.

Note: If you are **not** responsible for determining if an individual is a Diversion Waiver client, you may click on the link below to skip the Diversion Waiver-related slides.

[Click here to skip the Diversion Waiver-related slides](#)

The Florida Medicaid Management Information System (FMMIS) is the best source for determining if an individual is enrolled in the Diversion Waiver.

FMMIS is managed by the Agency for Health Care Administration.

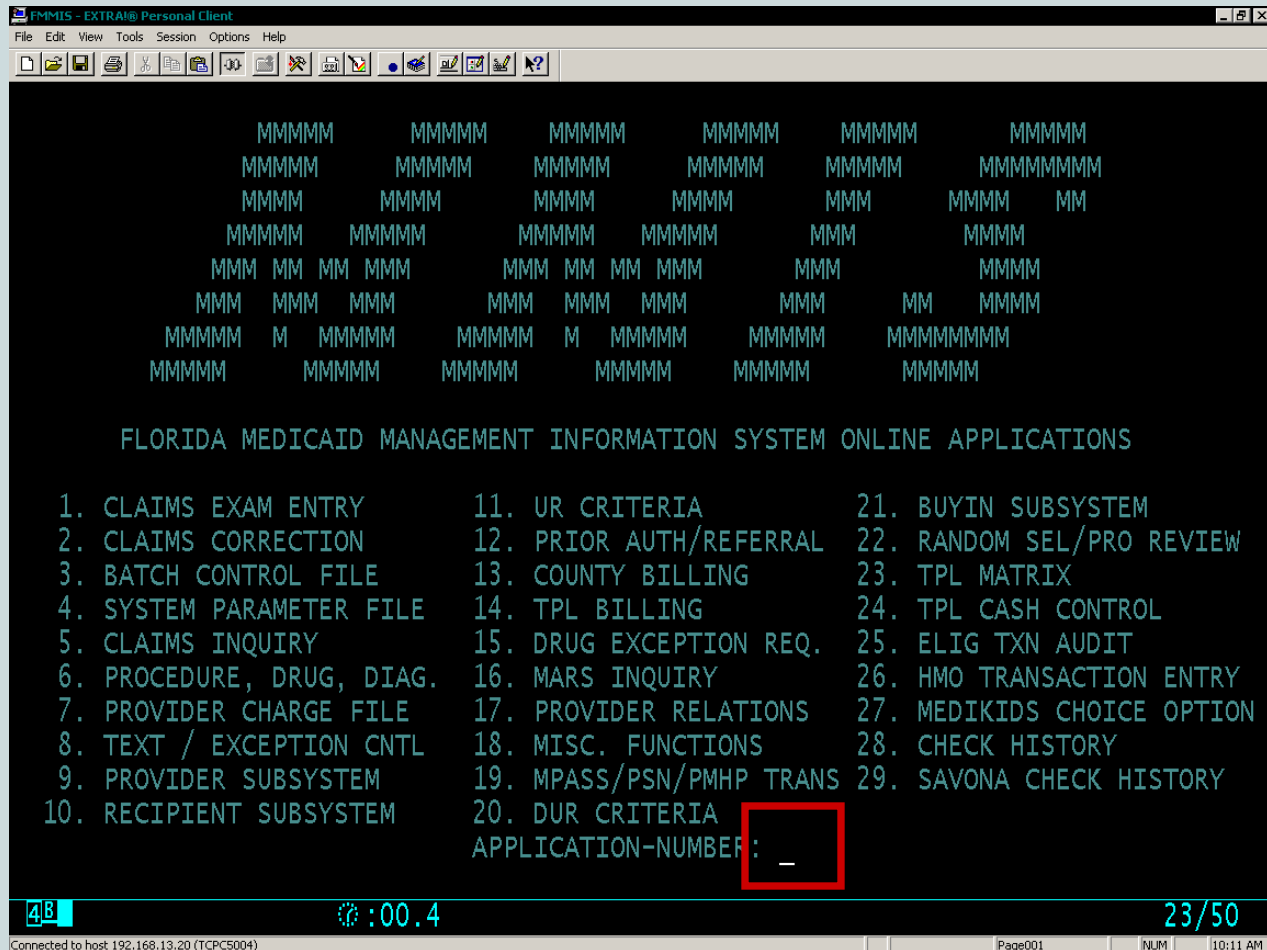
The definition of “enrolled” in the context of Diversion Waiver clients is as follows:

An individual is *enrolled* if an enrollment span was created by the Medicaid fiscal agent for this client and the provider with whom they enrolled will begin to receive monthly payments. Enrollment spans can be viewed in FMMIS.

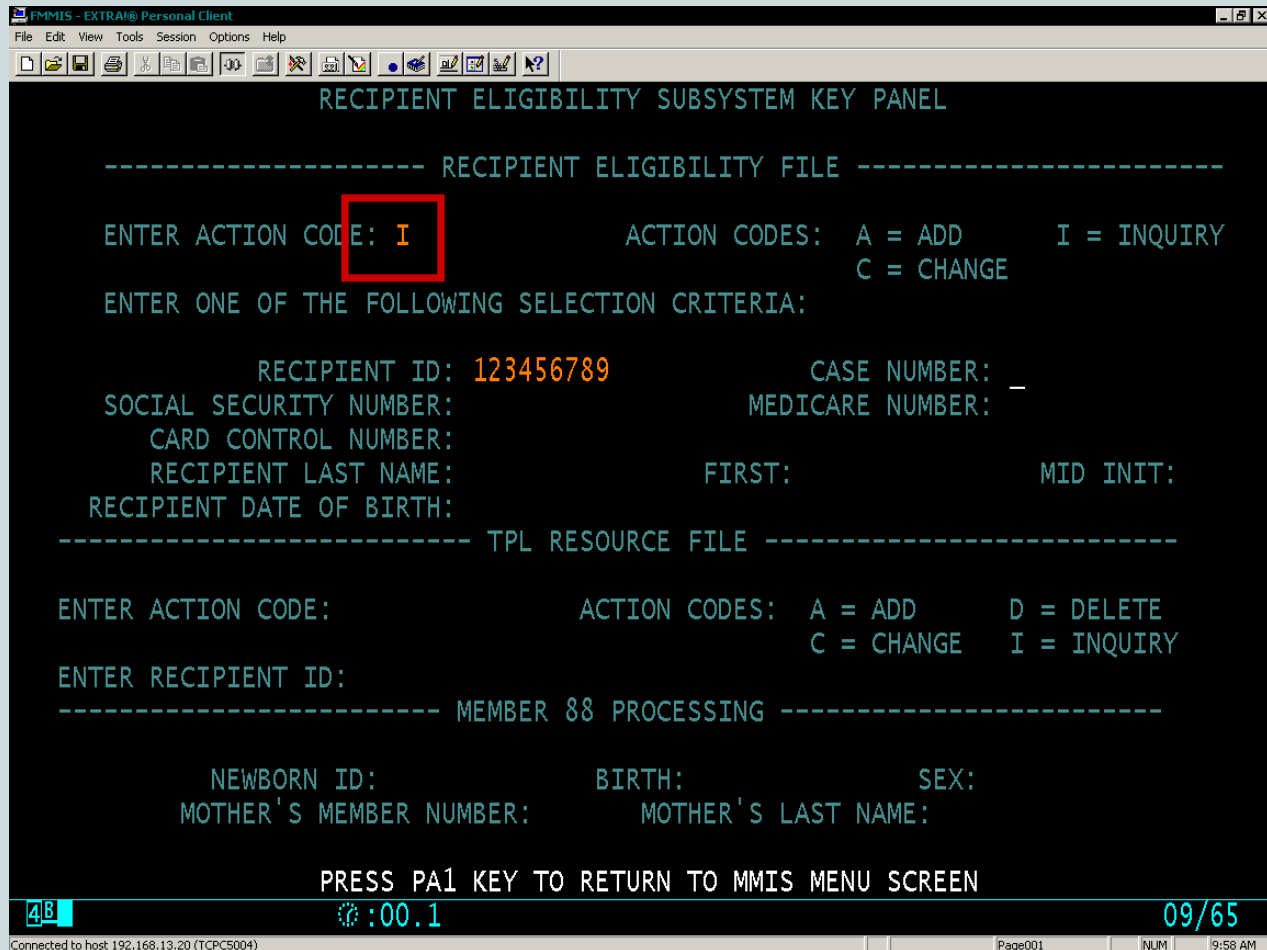
Certain area agency on aging staff have access to FMMIS.

Let us take a look at the information available in FMMIS.

[Click here if you wish to skip the FMMIS-related screens.](#)



The main FMMIS screen is shown above. Select the *Recipient Eligibility Subsystem* by entering “10” in the space provided next to *Application-Number* and hitting the *Enter* key.



The Recipient Eligibility Subsystem Key Panel screen is shown above. Enter “I” as the *Action Code* and hit the *tab* key.


```

FMMIS - EXTRA@ Personal Client
File Edit View Tools Session Options Help
-----
11/02/07          RECIPIENT ELIGIBILITY DISPLAY SCREEN 1          INQUIRY
RECIP-ID: 123456789 0   NAME: DOE                JANE                Z                USER: 278
ORIG-ID: 123456789 0   PY-NAME: JANE A DOE
CURR-ID: 123456789 0   ADDR: 1 ANY STREET                LAST-TRANS: 030207
FLA-PIN: 000000000 0   ADDR:                                PRV-UPDTE: 120506
SSN:                   ADDR:                                BATCH-UPDTE: 102306
CASE-SEQ: 0000000000 00 ADDR:
MCARE-ID:              CITY: ANY CITY                UNBORN: N
BIRTH: 0101 1980      STATE: FL                ZIP: 12345        E-DOB:
DEATH:                PHONE: ( )                -                MOM ID: 000000000 0
RACE: 1 WHITE         COUNTY: 42                AREA: 03 DCF: 13  RX-IND:
RECIP-ON-REV:         BILL-CNTY: 42 SRC:        UNIT: 095        RX-DTE: 000000
PROD-TEST-IND: P     APS-S/R:                SEX: F HOH: 0     PR-DTE: 102306
SCREEN-DT:            ORIGIN: 0                APPR-DATE:        EVAC:            OPT:
CHCUP: N              MAN-EXMP: 0 ID-ISSUE-DT: 102306
-----FUNCTION KEYS-----
(PF1)  DEMOGRAPH (PF6) 01 MON-CAPS (PF11) PMHP (PF19) PT-RESP
(PF2) 00 HMO (PF7) 00 NEW-IDS (PF12) 06 ELIG (PF20) WVR
(PF3) BUYIN (PF8) 00 MEDIPASS (PF13) DMO (PF21) CASELOG
(PF4) 00 NH (PF9) AUDIT (PF14) LOCK-IN (PF22) PART D
(PF5) 06 ANN-CAPS (PF10) V TPL (PF15) PRIOR-RES (PF23) HMO-INFO
(PF16) PDHP-IND (PF24) MP-INFO
-----
4B :00.1 03/33
Connected to host: 192.168.13.20 (TCPC5004) Page001 NUM 9:55 AM

```

The Recipient Eligibility screen for Jane Doe is shown above. Diversion Waiver enrollment spans are listed in the HMO Data screen. The HMO Data screen is displayed by hitting the *F2* key...

11/02/07 RECIPIENT ELIGIBILITY DISPLAY SCREEN 2 INQUIRY

RECIP-ID: 123456789 NAME: JANE A DOE

----- HMO DATA -----

NO	BEGIN	END	HMO- PROV-NUM	MCARE IND	HMO- RECIP-ID	LOCATION	CAP GRP	ENR IND
01	120104	083107	0152056 21	N	123456789		M	C

4B :00.1 09/76

Connected to host: 192.168.13.20 (TCP5004) Page001 NUM 9:57 AM

The HMO Data screen, shown above, states that Jane Doe was enrolled in the Diversion Waiver from December 1, 2004 to August 31, 2007. Spans for Diversion Waiver clients have the enrollment indicator (ENR IND) set to “C”.


```
FMHIS - EXTRA Personal Client
File Edit View Tools Session Options Help
-----
11/02/07          RECIPIENT ELIGIBILITY DISPLAY SCREEN 2          INQUIRY
RECIP-ID: 123456789  NAME: JANE A DOE
----- HMO DATA -----
NO  BEGIN  END  HMO-  MCARE  HMO-  LOCATION  CAP  ENR
   01 120104 083107 0152056 21  N  123456789  M  IND
                                     C
-----
4B  :00.1  09/76
Connected to host: 192.168.13.20 (TCPC5004)  Page001  NUM  9:57 AM
```

Note: Hitting the *Shift* and *F11* keys simultaneously will display the Provider Subsystem screen which contains the name of the Diversion Provider with whom the individual is enrolled.

Until enrollment data are available in CIRTS, lead agencies should work with the area agency on aging to determine if the individual was enrolled according to FMMIS and/or the most recent Diversion Waiver Current Enrollment Report.

The Current Enrollment Report is available on the Nursing Home Diversion Reports web page on the DOEA Intranet. This report is built with data from FMMIS (with a 1-3 week delay) and shows who is currently enrolled in the Diversion Waiver.

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://199.250.26.136/portal/page?_pageid=33,32395,33_32415&_dad=portal&_schema=PORTAL

DEPARTMENT OF ELDER AFFAIRS
STATE OF FLORIDA

Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.
- DOE Mission Statement

Applications Reports Documents Support

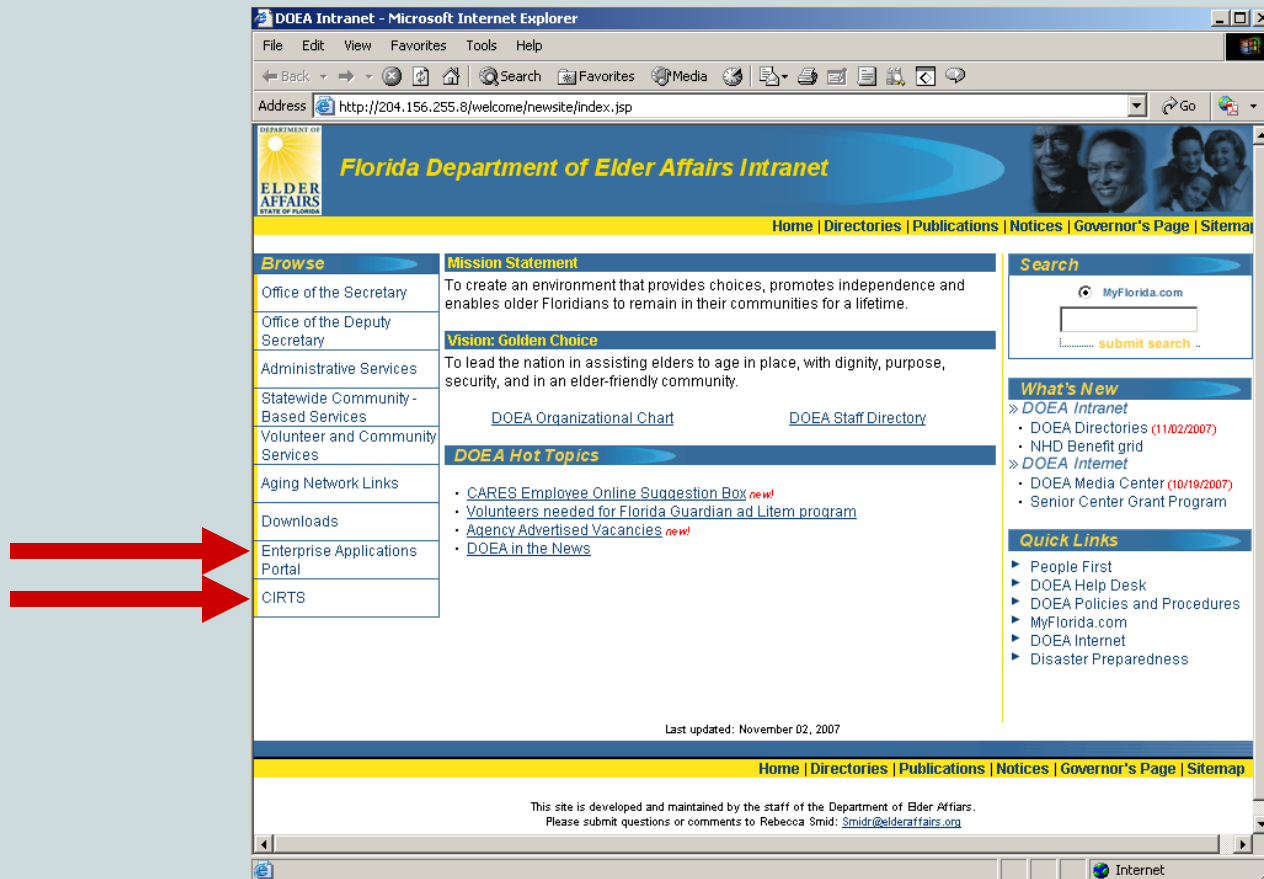
- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [APS Exception Reports](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Reports](#) - Long Term Care Ombudsman Program
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

The link to the Nursing Home Diversion Reports web page is shown above on the Reports tab of the Enterprise Application Services web page.

In addition, CIRTS currently contains information that can assist you in determining if an individual was interested in the Diversion Waiver or was referred to a Diversion Waiver provider.

This information can NOT be used to determine conclusively if an individual is currently receiving services in the Diversion Waiver.



To access CIRTS, click on the *Enterprise Applications Portal* or the *CIRTS* link on the DOEA Intranet page.



The main CIRTS web page is shown above. In CIRTS, the Nursing Home Diversion screen and the CARES Referral screen both contain information about individuals who were interested in the Diversion Waiver or were referred to a Diversion Waiver provider for services.

CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

Action Menu Edit Block Field Record Query Help

DEMOGRAPHICS_1226 VERSION 10G.1 CIRTS Date 11/16/2007 User CIRTSADMIN

PSA 10 Owner 10021 SSN 123456789 First Name FIRST Last Name LAST

Demographic Complete
 PAS Complete
 Open Case
 Active Enrollment

DEMOGRAPHIC INFORMATION

SSN 123456789 PSA 10 First Name FIRST MI Last Name LAST Medicaid Number 1234567890

Home Address

Street 5345 NW 40TH ST Street con't Date Address Changed 03/15/2007

Zip 33309 City FORT LAUDERDALE State FL County BROWARD Phone Number: 954 714 0000 Extension

Mailing Address

Street E5ERDD Street con't

Zip City State County BROWARD Phone Number: Extension

Date of Birth 10/09/1941 Date of Death Sex FEMALE Race WHITE Ethnicity OTHER

Primary Language SPANISH Marital Status WIDOWS Need outside assistance to evacuate? N Registered with County Special Needs Registry? N

Search... LOC Referrals NHD Assessments Change Owner Change SSN Delete Client

Change PSA

The Nursing Home Diversion History screen is accessed by clicking on the *NHD* button on the Demographics screen in CIRTS, shown above...

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 10G.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

CARES Office	PIPELINE			MEDICAID PENDING		
	Date Enter Pipeline	Date Leave Pipeline	IR	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
03B	03/26/2007		<input type="checkbox"/>	04/25/2007	AMERICAN ELDERCARE/LAKE	
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 <OSC>

The Nursing Home Diversion History screen is shown above.

The Nursing Home Diversion screen contains two sections...

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 100.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

PIPELINE				MEDICAID PENDING		
CARES Office	Date Enter Pipeline	Date Leave Pipeline	IR	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
03B	03/26/2007		<input type="checkbox"/>	04/25/2007	AMERICAN ELDERCARE/LAKE	
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

[Add more Records](#)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

The left section (green text) of the Nursing Home Diversion History screen contains information about when the individual was determined interested in and suitable for the Diversion Waiver (if it was on or after April 15, 2007). Some entries prior to April 15, 2007 were voluntarily entered (as shown above).

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 100.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

PIPELINE				MEDICAID PENDING		
CARES Office	Date Enter Pipeline	Date Leave Pipeline	IR	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
03B	03/26/2007		<input type="checkbox"/>	04/25/2007	AMERICAN ELDERCARE/LAKE	
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

[Add more Records](#)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

The **Date Leave Pipeline** field is populated if the individual decided not to enroll in the Diversion Waiver or was determined not eligible.

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 100.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

PIPELINE			
CARES Office	Date Enter Pipeline	Date Leave Pipeline	IR
03B	03/26/2007		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

MEDICAID PENDING		
Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
04/25/2007	AMERICAN ELDERCARE/LAKE	

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

The right section (purple text) contains information about individuals who selected the Medicaid Pending option. The Medicaid Pending option allows individuals to receive Diversion Waiver services prior to having their financial eligibility determined.

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 100.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

CARES Office	PIPELINE		IR
	Date Enter Pipeline	Date Leave Pipeline	
03B	03/26/2007		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

MEDICAID PENDING		
Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
04/25/2007	AMERICAN ELDERCARE/LAKE	

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

If the *Date Referred to Provider* and *Provider Referred To* fields are populated, the client was served by the Diversion Waiver as of the date listed. If the *Date Withdrawn from Med. Pending* field is populated, the Medicaid Pending option was terminated and services stopped on that date.

CARES NURSING HOME DIVERSION HISTORY

CARESNHD122620070314 10/08/2007
 VERSION 100.1 CARES Nursing Home Diversion History SOLLISCHM

Client
 DOE, JANE

PIPELINE			
CARES Office	Date Enter Pipeline	Date Leave Pipeline	IR
03B	03/26/2007		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

MEDICAID PENDING		
Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending
04/25/2007	AMERICAN ELDERCARE/LAKE	

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

Note: Though the Medicaid Pending option may have been terminated, the individual may have later enrolled (and received services) after financial eligibility was determined.

Another screen in CIRTS that may contain useful information is the CARES Referral screen.

The CARES Referral screen provides information about individuals referred to a Diversion Waiver provider. These individuals should have already been determined financially and medically eligible.

Individuals referred to a Diversion Waiver provider are expected to begin receiving services the month following the referral.

CARES REFERRALS

Action Menu Edit Block Field Record Query Help

CARES Referral Information

Client Information

JANE DOE 123-45-6789

PSA	Employee Name	Referral Imminent		Referred To	Date Received by	
		Date	Risk		AAA or LA	Cares Provider
04B		10/17/2006	Y	MANAGED CARE ORG		

Demographics Save

Record: 1/1 <OSC>

The CARES Referral screen is accessed from the Demographic screen in CIRTS by clicking on the *Referrals* button. A sample CARES Referral screen is shown above.

CARES REFERRALS

Action Menu Edit Block Field Record Query Help

CARES Referral Information

Client Information
JANE DOE 123-45-6789

PSA	Employee Name	Referral Imminent		Referred To	Date Received by	
		Date	Risk		AAA or LA	Cares Provider
04B		10/17/2006	Y	MANAGED CARE ORG		

Demographics Save

Record: 1/1 <OSC>

The *Referred To* field will be set to *Managed Care Org* if the individual was referred to a Diversion Waiver provider.

The date the individual was referred to the Diversion Waiver provider is contained in the *Referral Date* field.

Though CIRTS may be used to determine if it is likely that an individual is receiving services in the Diversion Waiver, this should be verified using the Current Enrollment Report or FMMIS.

If it is believed that the individual is enrolled in the Diversion Waiver, the Diversion Waiver provider should then be contacted for confirmation.

Let us review:

1. Refer to FMMIS if possible, to see if the individual is listed as enrolled in the Diversion Waiver. If FMMIS is not available, refer to the Diversion Waiver Current Enrollment Report.
2. If FMMIS and the Current Enrollment Report are not available, or neither contains information about the individual you are researching, check the CARES Referral screen and the Nursing Home Diversion History screen in CIRTS to determine if the individual was referred to a Diversion Waiver provider.

3. If the individual is listed in FMMIS, is on the Current Enrollment Report or is listed as referred to a Diversion Waiver provider in CIRTS, contact the Diversion Waiver provider to determine if they are currently serving this individual.

We will now return to the ARTT webpage and continue reviewing the information available in the [Documentation/Support](#) section...



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The *DOEA and DCF Memorandum of Agreement* links to the agreement signed by the Department of Children and Families and the Department of Elder Affairs explaining each department's role in the APS referral process.

[Click here to open the DOEA and DCF Memorandum of Agreement](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The Area Agency on Aging, DCF and Lead Agency Memorandum of Understanding links to the memorandum that is signed by each area agency on aging, local Department of Children and Families office and lead agency explaining each agency's role in the APS referral process.

[Click here to open the Memorandum of Understanding](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The *ARTT User Manual* links to the user manual which explains how to use the ARTT.



[Click here to open the ARTT User Manual](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

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[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

The *ARTT Set-Up Instructions* links to the installation files and instructions needed to access the ARTT.



[Click here to open the ARTT Setup Instructions](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

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[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)



The *APS Referral Process Checklist* links to a document that defines the processes Adult Services and aging network staff each need to follow.

[Click here to open the APS Referral Process Checklist](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)


[APS Referral Process \(Powerpoint\)](#)



The *APS Referral Process (PowerPoint)* links to a PowerPoint presentation showing how a referral is transferred from Adult Services to the aging network and how the referral is tracked in the ARTT.

[Click here to open the APS Referral Process \(PowerPoint\)](#)

Address <https://199.250.26.80/artt.html> Go




APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

ARTT Administrators
 DCF staff needing access to the ARTT should contact Dennis Carroccio at dennis_carroccio@dcf.state.fl.us. Area Agency on Aging program managers needing access to the ARTT should contact Mindy Sollisch at sollischm@elderaffairs.org

Information about setting your ARTT password can be found at the bottom of this page.

	<h3 style="text-align: center; color: #E67E22;">ARTT Links</h3> <p style="text-align: center;"> Create a New Referral Search for an Existing Referral Change Your Password </p>		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 10px;"> <h3 style="color: #E67E22;">Documentation/Support</h3> <p> Adult Protective Services Referrals Operations Manual Nursing Home Diversion Provider Contact List DOEA and DCF Memorandum of Agreement AAA, DCF and Lead Agency Memorandum of Understanding ARTT User Manual ARTT Set-Up Instructions APS Referral Process Checklist APS Referral Process (Powerpoint) </p> </td> <td style="width: 50%; vertical-align: top;"> <h3 style="color: #E67E22;">Newsletters</h3> <p> ARTT News January 2006 ARTT News January 2005 ARTT News September 2004 </p> </td> </tr> </table>	<h3 style="color: #E67E22;">Documentation/Support</h3> <p> Adult Protective Services Referrals Operations Manual Nursing Home Diversion Provider Contact List DOEA and DCF Memorandum of Agreement AAA, DCF and Lead Agency Memorandum of Understanding ARTT User Manual ARTT Set-Up Instructions APS Referral Process Checklist APS Referral Process (Powerpoint) </p>	<h3 style="color: #E67E22;">Newsletters</h3> <p> ARTT News January 2006 ARTT News January 2005 ARTT News September 2004 </p>
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ARTT Passwords
 ARTT passwords must comply with the following rules:

- 1) Your new password must be at least 8 characters long.
- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

A username and password are required to use the ARTT.

If you need access to the ARTT, or require assistance resetting your password, contact the appropriate person listed at the top of the ARTT Web site.



APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

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Information about setting your ARTT password can be found at the bottom of this page.



ARTT Links

[Create a New Referral](#)

[Search for an Existing Referral](#)

[Change Your Password](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

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[APS Referral Process \(Powerpoint\)](#)

Newsletters

[ARTT News](#) January 2006

[ARTT News](#) January 2005

[ARTT News](#) September 2004

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- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

Currently, each ARTT account/username is associated with either one PSA or one county.

Lead agency staff requiring access to referrals in more than one county will be given multiple usernames, i.e., one username for each county.

Note: In the future we anticipate allowing each account/username to be associated with one or more counties.

Address <https://199.250.26.80/artt.html> Go





APS Referral Tracking Tool Website

For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

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- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

The APS Referral Tracking Tool is accessed from the ARTT Web site by clicking on the *Search for an Existing Referral* link.

Note: The *Create a New Referral* link is only used by DCF staff.



APS Referral Tracking Tool Website For Referrals Age 60+ Sent to the Aging Network

This APS Referral Tracking Tool (ARTT) was designed to track Adult Protective Service (APS) referrals. Elders identified by the Department of Children and Families' APS staff as needing home and community-based services are referred to the aging network. This website tracks all referrals beginning August 16, 2004. An id and password are needed to use the tool. CCE lead agency staff needing access should contact their area agency on aging program manager.

ARTT Administrators
DCF staff needing access to the ARTT should contact Dennis Carroccio at dennis_carroccio@dcf.state.fl.us. Area Agency on Aging program managers needing access to the ARTT should contact Mindy Sollisch at sollischm@elderaffairs.org

Information about setting your ARTT password can be found at the bottom of this page.

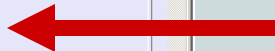


ARTT Links

[Create a New Referral](#)

[Search for an Existing Referral](#)

[Change Your Password](#)



Documentation/Support

[Adult Protective Services Referrals Operations Manual](#)

[Nursing Home Diversion Provider Contact List](#)

[DOEA and DCF Memorandum of Agreement](#)

[AAA, DCF and Lead Agency Memorandum of Understanding](#)

[ARTT User Manual](#)

[ARTT Set-Up Instructions](#)

[APS Referral Process Checklist](#)

[APS Referral Process \(Powerpoint\)](#)

Newsletters

[ARTT News](#) January 2006

[ARTT News](#) January 2005

[ARTT News](#) September 2004

ARTT Passwords

ARTT passwords must comply with the following rules:

- 1) Your new password must be at least 8 characters long.
- 2) Your new password must be different from your username.
- 3) Your new password must contain at least one letter (A-Z or a-z), and
- 4) Your new password must contain at least one number (0-9).
- 5) The first character of your new password can not be a number.

After clicking on the *Search for an Existing Referral* link you will be prompted to log in.

• • •

This concludes Section 1.

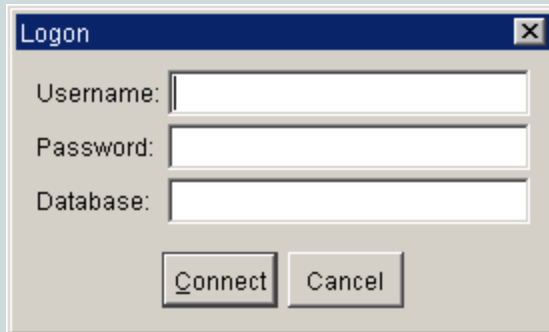
Section 2 addresses logging into and using the ARTT.

APS Referral Process Training Tutorial

For the Aging Network

Section 2

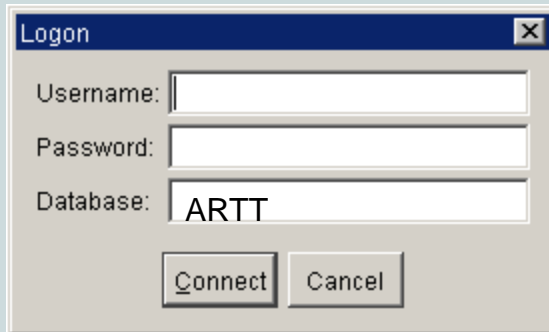
The APS Referral Tracking Tool



After clicking on the *Search for an Existing Referral* link on the ARTT Web site you will be prompted to log in.

A picture of the ARTT logon dialog box is shown to the left.

Accessing the ARTT requires a username and password.

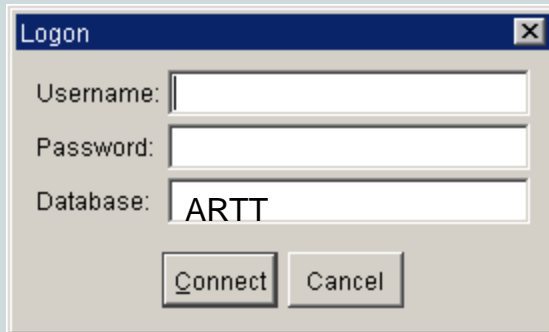


The image shows a standard Windows-style dialog box titled "Logon". It contains three text input fields: "Username:" (empty), "Password:" (empty), and "Database:" (containing the text "ARTT"). Below the fields are two buttons: "Connect" and "Cancel". The dialog box has a blue title bar and a close button (X) in the top right corner.

If you do not have a username and password, or you require your password be reset, contact the appropriate person listed on the ARTT Web site.

Enter your ARTT username and password in the logon dialog box. You will always enter *ARTT* in the Database field.

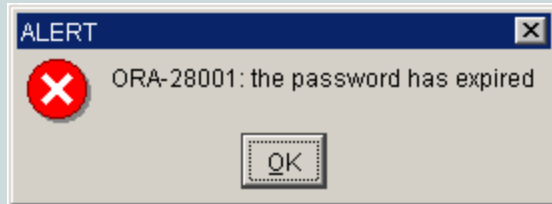
Click *Connect* after populating all three fields.



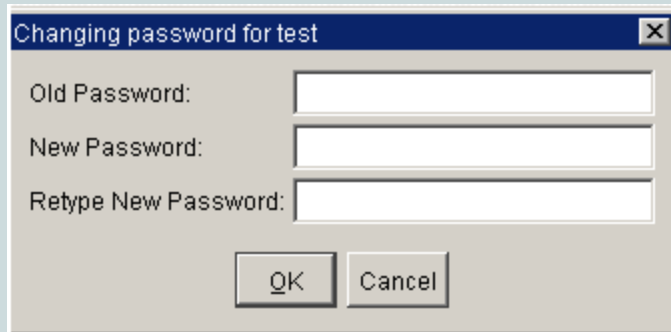
A screenshot of a Windows-style dialog box titled "Logon". The dialog box has a blue title bar with a close button (X) in the top right corner. It contains three input fields: "Username:" followed by an empty text box, "Password:" followed by an empty text box, and "Database:" followed by a text box containing the text "ARTT". Below the input fields are two buttons: "Connect" and "Cancel".

If you are logging in with your username and password for the first time, you will be prompted to change your password after you click *Connect*.

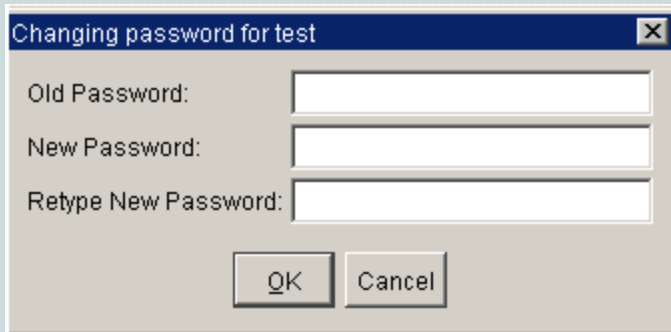
This will occur if your password was just reset OR your account was set up and you have not previously logged in.



The alert shown at left will be displayed if your password has expired. This is OK! Passwords are set up to expire after their first use for security purposes.



After selecting OK, a dialog box will be displayed prompting you to enter your old and new passwords. Your “old password” is the password you used in the previous logon dialog box.



Changing password for test

Old Password:

New Password:

Retype New Password:

OK Cancel

The 5 rules that passwords must follow are:

1. Be at least 8 characters long,
2. Be different than your username,
3. Contain at least one letter,
4. Contain at least one number, and
5. The first character can not be a number.

After you successfully enter your old and new password (twice) and select *OK*, the Search screen will be displayed...

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

The Search screen is shown at left.

You may enter search criteria in none, some or all of the fields in the Search screen.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

If you do not enter any criteria, all referrals received through the ARTT in your county (for lead agency staff) or in your area (for area agency on aging staff) will be selected and displayed once you select *View Results* or *View Search Results Report*.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

If you want to narrow your search, determine which criteria you want to use to define the referrals you want to see.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU

MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

If you are an area agency on aging user, you may want to narrow your search to a particular county by using the *County* menu.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

If you wish to select referrals sent, received or created during a specific period of time, select the appropriate radio button...

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU

MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

... and specify the timeframe by entering the earliest and latest dates in the date fields.



PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number ←

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

You may also search for all reports with a particular abuse report number.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

And you can search for all referrals made for a particular person by entering the individual's social security number...

or by entering the individual's last name.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View Search Results Report Create New Referral Clear

Staff in Pinellas, Miami-Dade, and Palm Beach counties can search for referrals made to a particular lead agency by selecting the lead agency name from the *Lead Agency Assigned* menu.

The screenshot shows a web application window titled "PARAMETER" with a menu bar (Action, Edit, Query, Block, Record, Field, Help) and a toolbar with various icons. The interface includes a "Date" field set to "09/27/2007" and a "User" field set to "PSA9". The main heading is "APS Referral Tracking Tool Search". Below this, there is a section for entering search parameters, including a "PSA" dropdown menu, a "County" dropdown menu, and three radio buttons for "Date Sent", "Date Received", and "Date Created by DCF". A date range selector is present with "THRU" in the middle and "MM/DD/YYYY" labels below the input fields. Below the date range, there are input fields for "Abuse Report Number", "SSN", and "Last Name". There are also dropdown menus for "Lead Agency Assigned" and "Sort By". At the bottom, there are four buttons: "View Results", "View Search Results Report", "Create New Referral", and "Clear".

Note: The AAA in PSA 5 performs the intake in Pinellas county for intermediate and low-risk referrals. The AAA in PSA 11 performs the intake for Miami-Dade county. The AAA then decides which lead agency will receive the referral.

Referrals in Palm Beach County in PSA 9 will be automatically assigned to one of two lead agencies based on the individual's zip code.

You may also determine the order in which the referrals that match your search criteria are displayed.

The *Sort By* menu lets you sort your search results according to one of three dates:

- Date Sent by the ARTT,
- Date Received by the aging network, or
- Date Created by DCF.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
 (Select or enter any number of search parameters.
 Entering no parameters will select all referrals.)

PSA

County

Date Sent
 Date Received
 Date Created by DCF

 THRU
 MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View S clear

- Date Sent - Earliest to Latest
- Date Sent - Latest to Earliest
- Date Received - Earliest to Latest
- Date Received - Latest to Earliest
- Date Created - Earliest to Latest
- Date Created - Latest to Earliest

Note: “Date Received” is the date the referral packet was received from DCF. If the referral packet was not received on the same day the referral was sent through the ARTT, the “Date Received” and the “Date Sent” will differ.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent
 Date Received
 Date Created by DCF

THRU
 MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

View Results View S clear

- Date Sent - Earliest to Latest
- Date Sent - Latest to Earliest
- Date Received - Earliest to Latest
- Date Received - Latest to Earliest
- Date Created - Earliest to Latest
- Date Created - Latest to Earliest

“Date Created” is the date the referral was entered in the ARTT. The “Date Created” will differ from the “Date Sent” if the protective investigator supervisor did not approve the referral the day it was entered in the ARTT. (Referrals are not sent in the ARTT until the supervisor enters his/her name in the ARTT.)

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

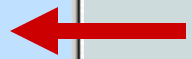
Sort By

- Date Sent - Earliest to Latest
- Date Sent - Latest to Earliest
- Date Received - Earliest to Latest
- Date Received - Latest to Earliest
- Date Created - Earliest to Latest
- Date Created - Latest to Earliest

View Results View S Clear

Select ...*Earliest to Latest* to sort your results oldest to newest.

Select ...*Latest to Earliest* to sort your results newest to oldest.



PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA [dropdown]
County [dropdown]

Date Sent Date Received Date Created by DCF

[text box] THRU [text box]
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number [text box]
SSN [text box]
Last Name [text box]
Lead Agency Assigned [dropdown]
Sort By [dropdown]

View Results View Search Results Report Create New Referral Clear

After you have entered your search criteria, select

- *View Results* to have the results displayed in an ARTT window from which the complete APS referral can be viewed

OR select

- *View Search Results Report* to have the search results displayed as a report in Adobe Acrobat.

PARAMETER

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: PSA9

APS Referral Tracking Tool Search

Enter the search parameters below.
(Select or enter any number of search parameters.
Entering no parameters will select all referrals.)

PSA

County

Date Sent Date Received Date Created by DCF

THRU
MM/DD/YYYY MM/DD/YYYY

Abuse Report Number

SSN

Last Name

Lead Agency Assigned

Sort By

Let us first look at the window that is displayed after you select *View Results*.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The Search Results screen, shown above, is displayed after *View Results* is selected in the Search screen.

We will now review the information displayed on this screen.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF
ELDER
AFFAIRS
STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The *Details* button is located in the left-most column. Clicking on the *Details* button brings up the APS Referral Form for the referral described on that row.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The *PSA* and *County* fields represent where the individual resided when the investigation was done.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The SSN field contains the social security number (SSN) entered by the Adult Services protective investigator. If aging network staff entered a different SSN on the Aging Network tab in the ARTT for this referral (because their records showed the SSN entered by the protective investigator was incorrect), the SSN entered by aging network staff is displayed here.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The *Date Created* field shows the date the referral was entered into the ARTT by DCF. The *Date Sent* field displays the date the referral was sent to the aging network through the ARTT. These dates are usually the same, but will be different if the protective investigator supervisor did not provide approval (required before a referral is sent) on the same day the referral was created.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The *Date Received* field corresponds to the date the referral was acknowledged by the aging network, i.e., the date documented on the Aging Network tab.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF
ELDER
AFFAIRS
STATE OF FLORIDA

APS REFERRAL SEARCH RESULTS

Date: 09/30/2007
User: PSA9

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

The *Rejected* field is set to “Y” if the referral was rejected, “N” if the referral was not rejected.

The *Lead Agency Assigned* field may be populated for referrals in Pinellas, Miami-Dade, and Palm Beach counties.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

Three buttons are available at the bottom of the screen, two of which are important.

- *New Search* button: Selecting the *New Search* button will return you to the Search screen.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input checked="" type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	N	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search **View Report** Create New Referral

- *View Report* button: Selecting the *View Report* button will display the search results as a report in Adobe Acrobat.

Note: The *Create New Referral* button is only used by DCF staff.

SEARCH

Action Edit Query Block Record Field Help

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Date: 09/30/2007
User: PSA9

APS REFERRAL SEARCH RESULTS

Details	PSA	County	SSN	Date Created	Date Sent	Client Name	Risk Level	Abuse Report Number	Date Received	Rejected	Lead Agency Assigned
<input type="checkbox"/>	09	PALM BEACH	555555555	07/30/2007	07/30/2007	JANE DOE	H	2007091301	07/30/2007	IN	RUTH RALES
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

New Search View Report Create New Referral

Selecting the *Details* button in the first column brings up the APS Referral Form for the referral described in that row...

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF00 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

Adult Protective Services Referral Form
APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
DOE JANE

5. Street Address
100 MAIN STREET

6. City State Zip County (DCF Required)
WEST PALM BEACH FL 33401 PALM BEACH

7. Directions to Client's Address:
ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

The APS Referral Form is divided up into five tabs.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

ADULT PROTECTIVE SERVICES
Elder Affairs
 STATE OF FLORIDA

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
 10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
 DOE JANE

5. Street Address
 100 MAIN STREET

6. City State Zip County (DCF Required)
 WEST PALM BEACH FL 33401 PALM BEACH

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

7. Directions to Client's Address:
 ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

The first tab, *APS Form – Section 1*, is shown above.

Users familiar with the ARTT may notice that all references to “Form 1099” have been replaced with “APS Form.”

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
DOE JANE

5. Street Address
100 MAIN STREET

6. City State Zip County (DCF Required)
WEST PALM BEACH FL 33401 PALM BEACH

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

7. Directions to Client's Address:
ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female


The first four tabs are completed by DCF staff and are not editable by the aging network. These tabs are named *APS Form - Section 1*, *APS Form - Section 2*, *APS Form - Section 3* and *APS Form - Section 4*.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

 **Adult Protective Services Referral Form**
APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
DOE JANE

5. Street Address
100 MAIN STREET

6. City State Zip County (DCF Required)
WEST PALM BEACH FL 33401 PALM BEACH


7. Directions to Client's Address:
ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)




The fifth (and last) tab, the *Aging Network* tab, is completed by aging network staff. DCF staff are not able to update information on the *Aging Network* tab.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

 **Adult Protective Services Referral Form**
 APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
 10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
 DOE JANE

5. Street Address
 100 MAIN STREET

6. City State Zip County (DCF Required)
 WEST PALM BEACH FL 33401 PALM BEACH

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

7. Directions to Client's Address:
 ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

The first tab, *APS Form – Section 1*, includes the name, SSN, date of birth and address of the individual referred.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

ADULT PROTECTIVE SERVICES
FLORIDA
ELDER AFFAIRS
STATE OF FLORIDA

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
 10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
 DOE JANE

5. Street Address
 100 MAIN STREET

6. City State Zip County (DCF Required)
 WEST PALM BEACH FL 33401 PALM BEACH

7. Directions to Client's Address:
 ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

Fields with the phrase “DCF Required” written next to them are required fields which DCF must enter before the referral can be saved. These fields, when updated after the referral had previously been sent, generate “updated referral” emails sent to aging network staff.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

ADULT PROTECTIVE SERVICES
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: (DCF Required)
 10 digits (no dashes)

2. Creation Date:

3. Client's Social Security Number: (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI

5. Street Address

6. City State Zip County (DCF Required)

7. Directions to Client's Address:

8. Client's Telephone Number:

9. Client's Date of Birth: (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

APS Form – Section 1 also contains the abuse report number. Because DCF may use one report (number) to document the abuse, neglect or exploitation of more than one person at a residence, two or more referrals may have the same abuse report number.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

ADULT PROTECTIVE SERVICES
FLORIDA

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
 10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
 DOE JANE

5. Street Address
 100 MAIN STREET

6. City State Zip County (DCF Required)
 WEST PALM BEACH FL 33401 PALM BEACH

7. Directions to Client's Address:
 ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)

The *Creation Date* is the date the referral was entered into the ARTT by DCF. This date is not entered by DCF staff, rather it is entered by the system when the referral is created (note the field's gray background).

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

ADULT PROTECTIVE SERVICES
Elder Affairs
 STATE OF FLORIDA

Adult Protective Services Referral Form

APS Referrals Made to the Aging Network for Persons 60+

This form is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301 (DCF Required)
 10 digits (no dashes)

2. Creation Date: 09/13/2007

3. Client's Social Security Number: 555555555 (DCF Required)
 9 digits (no dashes)

4. Client's Last Name (DCF Required) First Name (DCF Required) MI
 DOE JANE

5. Street Address
 100 MAIN STREET

6. City State Zip County (DCF Required)
 WEST PALM BEACH FL 33401 PALM BEACH


7. Directions to Client's Address:
 ENTER DIRECTIONS TO THE INDIVIDUAL'S ADDRESS

8. Client's Telephone Number: 561-000-0000

9. Client's Date of Birth: 08/01/1911 (DCF Required)

10. Gender: Male Female

Person also referred for:
 Court Ordered Protective Supervision (DCF)
 Voluntary Protective Supervision (DCF)



The *Court Ordered Protective Supervision* checkbox is checked if a court has ordered DCF protective supervision for the individual being referred. The *Voluntary Protective Supervision* checkbox is checked if the individual being referred was also referred for DCF protective supervision.

ARTT

Action Edit Query Block Record Field Help

Date: 09/27/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

11. Type of Report: (DCF Required)

- Abuse (2nd Party)
- Neglect (2nd Party)
- Exploitation
- Self-Neglect

12. Report Is: (DCF Required)

- Being Investigated
- Closed with One or More Findings
- Closed with Some Indicators
- Closed with No Findings
- Vulnerable Adult in Need of Service

13. Risk Level: (DCF Required)

- High
- Intermediate
- Low

14. Status of Client's Ability to Manage Own Affairs:

- Adult with Capacity
- Adult Declared Incompetent by Court
- Assigned Power of Attorney to Other Person
- Guardianship Pending (Explain in item 18)
- Lacks Capacity to Consent
- Other:

15. Guardian, Proposed Guardian or Attorney in Fact's Name

16. Street Address

17. City State Zip

18. If Guardianship Pending, Explain:

19. Next Court Date:

20. Type of Hearing at Next Date

21. Monthly Income Sources and Amounts:

Social Security.....	\$	<input type="text"/>
Supplemental Security Income.....	\$	<input type="text"/>
Veteran's Administration.....	\$	<input type="text"/>
Other: <input type="text"/>	\$	<input type="text"/>

22. Client's Total Monthly Income.....\$

23. Other Resources:

Note for current ARTT users: “Self-neglect” replaced the phrase “Vulnerable Adult in Need of Services” as a type of report listed in Section 11 in the ARTT. *Self-neglect* was also moved beneath *Exploitation* in the list.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301

24. Family Members: Caregivers: Interested People:

25. Current or Prior Providers and Services: 26. Medical Status: 27. Mental Status:

28. Service Assessment: Problem or Need 29. PI Recommendations

32. PI's Signature (DCF Required) PI's Phone Number (DCF Required) PI's Email Address 33. PI Supervisor's Signature (DCF Required for Email to be sent)

ROBERT WAGNER 561-111-2222 EXT 111 WAGNERR@DCF.STATE.FL.US SAMANTHA COHEN

The third tab, *APS Form – Section 3*, contains information about the referral's family members, caregivers, the types of services they are currently receiving, and the services recommended.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

24. Family Members: Caregivers: Interested People:

25. Current or Prior Providers and Services: 26. Medical Status: 27. Mental Status:

28. Service Assessment: Problem or Need 29. PI Recommendations

32. PI's Signature (DCF Required) PI's Phone Number (DCF Required) PI's Email Address PI Supervisor's Signature (DCF Required for Email to be sent)

ROBERT WAGNER	561-111-2222 EXT 111	WAGNERR@DCF.STATE.FL.US	SAMANTHA COHEN
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The *PI Recommendations* field will contain the names of the services the protective investigator determined were needed. Identifying the crisis-resolving services (for high-risk referrals) is recommended.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

24. Family Members: Caregivers: Interested People:

25. Current or Prior Providers and Services: 26. Medical Status: 27. Mental Status:

28. Service Assessment: Problem or Need 29. PI Recommendations

32. PI's Signature (DCF Required) PI's Phone Number (DCF Required) PI's Email Address PI Supervisor's Signature (DCF Required for Email to be sent)

ROBERT WAGNER	561-111-2222 EXT 111	WAGNERR@DCF.STATE.FL.US	SAMANTHA COHEN
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APS Form – Section 3 also contains the name, phone number and email address of the protective investigator who investigated this case. The investigator's phone number is now required information.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

24. Family Members: Caregivers: Interested People:

25. Current or Prior Providers and Services: 26. Medical Status: 27. Mental Status:

28. Service Assessment: Problem or Need 29. PI Recommendations

32. PI's Signature (DCF Required) PI's Phone Number (DCF Required) PI's Email Address 33. PI Supervisor's Signature (DCF Required for Email to be sent)

ROBERT WAGNER	561-111-2222 EXT 111	WAGNERR@DCF.STATE.FL US	SAMANTHA COHEN
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The investigator's phone number was made a required field to ensure the case manager can contact the investigator to discuss the case. Discussions should include the needs of the individual being referred and the safety risks of which the case manager needs to be aware.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

24. Family Members: Caregivers: Interested People:

25. Current or Prior Providers and Services: 26. Medical Status: 27. Mental Status:

28. Service Assessment: Problem or Need 29. PI Recommendations

32. PI's Signature (DCF Required) PI's Phone Number (DCF Required) PI's Email Address 33. PI Supervisor's Signature (DCF Required for Email to be sent)

ROBERT WAGNER	561-111-2222 EXT 111	WAGNERR@DCF.STATE.FL.US	SAMANTHA COHEN
---------------	----------------------	-------------------------	----------------

The protective investigator supervisor must approve the referral by entering his or her name. The referral is not sent to the aging network (through the ARTT) until this field is populated and the referral is saved.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

Adult Safety Assessment Safety Factors **(Required)**

Adult Safety Assessment Overall Safety Assessment **(Required)**

One of the following forms is **required**:

Capacity to Consent Form (if the referral has the capacity to consent)

Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)

Court Order or Documents

Confidential Information Release (CF-AA 1113)

Other: _____

Referral Should Not Be Sent Reason: _____

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

APS Form – Section 4 contains important information about the forms that will accompany the referral. The collection of all required documentation is called the “referral packet.”

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

- Adult Safety Assessment Safety Factors **(Required)**
- Adult Safety Assessment Overall Safety Assessment **(Required)**

One of the following forms is **required**:

- Capacity to Consent Form (if the referral has the capacity to consent)
- Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)
- Court Order or Documents
- Confidential Information Release (CF-AA 1113)
- Other:

Referral Should Not Be Sent Reason:

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

Currently, these documents are paper-based. All items that are checked must be faxed or hand-delivered to the aging network intake entity within 3 hours for high-risk referrals, within 24 hours for intermediate and low-risk referrals.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

- Adult Safety Assessment Safety Factors **(Required)**
- Adult Safety Assessment Overall Safety Assessment **(Required)**

One of the following forms is **required**:

- Capacity to Consent Form (if the referral has the capacity to consent)
- Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)
- Court Order or Documents
- Confidential Information Release (CF-AA 1113)
- Other:

Referral Should Not Be Sent Reason:

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

At a minimum, the items identified as “required” must be provided.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

Adult Safety Assessment Safety Factors (Required)

Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is required:

Capacity to Consent Form (if the referral has the capacity to consent)

Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)

Court Order or Documents

Confidential Information Release (CF-AA 1113)

Other: _____

Referral Should Not Be Sent Reason: _____

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

NEW

In the section highlighted above, notice that one of three forms is required. The *Capacity to Consent Form* is required if the individual being referred has the capacity to consent.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

Adult Safety Assessment Safety Factors (Required)

Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is required:

Capacity to Consent Form (if the referral has the capacity to consent)

Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)

Court Order or Documents

Confidential Information Release (CF-AA 1113)

Other: _____

Referral Should Not Be Sent Reason: _____

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

NEW

The *Provision of Voluntary Adult Protective Services Form* is required if the individual being referred does not have the capacity to consent, but the caregiver or guardian has provided consent for the individual to receive services.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

Adult Safety Assessment Safety Factors (Required)

Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is required:

Capacity to Consent Form (if the referral has the capacity to consent)

Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)

Court Order or Documents

Confidential Information Release (CF-AA 1113)

Other: _____

Referral Should Not Be Sent Reason: _____

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007

NEW

The *Court Order* is required if the court has mandated services be provided to the individual.

Unless one of these 3 documents is provided to the aging network, services cannot be delivered.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:


- Adult Safety Assessment Safety Factors (Required)
- Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is **required**:

- Capacity to Consent Form (if the referral has the capacity to consent)
- Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)
- Court Order or Documents
- Confidential Information Release (CF-AA 1113)
- Other:

Referral Should Not Be Sent Reason:

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007



If DCF decides not to send this referral to the aging network, and the referral has not been sent through the ARTT, the *Referral Should Not Be Sent* check box is selected. The aging network will not see referrals identified as those that should not be sent.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor


Files to be Faxed or Hand-Delivered to the Aging Network:

- Adult Safety Assessment Safety Factors (Required)
- Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is **required**:

- Capacity to Consent Form (if the referral has the capacity to consent)
- Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)
- Court Order or Documents
- Confidential Information Release (CF-AA 1113)
- Other:

Referral Should Not Be Sent Reason:

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007 

If the referral packet was not faxed or hand-delivered on the same day it was sent through the ARTT, DCF staff must enter the date the packet was provided in the last field on this tab.

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

34. PS/HSC Supervisor's Signature Date Case Assigned to Counselor

35. PS/HSC Signature Date Received by Counselor

Files to be Faxed or Hand-Delivered to the Aging Network:

Adult Safety Assessment Safety Factors (Required)

Adult Safety Assessment Overall Safety Assessment (Required)

One of the following forms is **required**:

Capacity to Consent Form (if the referral has the capacity to consent)


Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)

Court Order or Documents

Confidential Information Release (CF-AA 1113)

Other: _____

Referral Should Not Be Sent Reason: _____

If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. 10/05/2007 

For example, if a referral is entered into the ARTT and approved by the supervisor on January 5th, but the referral packet is not given to the intake entity until January 6th, DCF should enter “January 6” in the *If the packet for this referral was not delivered the same day...* text box.

The screenshot displays the ARTT (Adult Referral Tracking Tool) software interface. At the top, there is a menu bar with options: Action, Edit, Query, Block, Record, Field, Help. Below the menu bar is a toolbar with various icons for file operations and navigation. A status bar at the top contains the following information: Date: 10/06/2007, User: DCF09, Abuse No: 2007091301. To the right of this information are buttons for 'Print Preview APS Form', 'Search', 'Add New Referral', 'Save', and 'Print Blank APS Form'. Below the status bar is a tabbed interface with five tabs: 'APS Form - Section 1', 'APS Form - Section 2', 'APS Form - Section 3', 'APS Form - Section 4', and 'Aging Network'. The 'APS Form - Section 4' tab is selected and highlighted in blue. A red arrow points to the 'Print Preview APS Form' button. The main content area of the selected tab contains the following fields and sections:

- 34. PS/HSC Supervisor's Signature (text input field)
- Date Case Assigned to Counselor (date input field)
- 35. PS/HSC Signature (text input field)
- Date Received by Counselor (date input field)
- Files to be Faxed or Hand-Delivered to the Aging Network:**
 - Adult Safety Assessment Safety Factors (Required)
 - Adult Safety Assessment Overall Safety Assessment (Required)
- One of the following forms is **required**:
 - Capacity to Consent Form (if the referral has the capacity to consent)
 - Provision of Voluntary Adult Protective Services (CF-AA 1112) Form (required if consent is provided by the caregiver/guardian)
 - Court Order or Documents
- Confidential Information Release (CF-AA 1113)
- Other: (text input field)
- Referral Should Not Be Sent Reason: (text input field)
- If the packet for this referral was not delivered the same day the referral was sent from ARTT, please specify the date the packet was delivered. (date input field with value 10/05/2007)

The referral you are viewing can be viewed as a form and then printed by clicking on the *Print Preview APS Form* button located at the top of the screen.



Adult Protective Services Referral Report

APS Referrals Made to the Aging Network for Persons 60+

This report is used by Adult Protective Services when referring victims of abuse, neglect and exploitation age 60 and older to the aging network.

1. Abuse Report Number: 2007091301

2. Creation Date: 09/13/2007

3. Social Security Number: 111111111

DOE, JANE
4. Client's Last Name First Name MI

100 MAIN STREET
5. Street Address

WEST PALM BEACH FL 33401
6. City State Zip Code

PALM BEACH
County of Residence

7. Directions to Client's Address:

Person also referred for:

Court Ordered Protective Supervision (DCF)

Voluntary Protective Supervision (DCF)

12. Report Is:

Being Investigated

Closed with One or More Findings

Closed with Some Indicators

Closed with No Findings

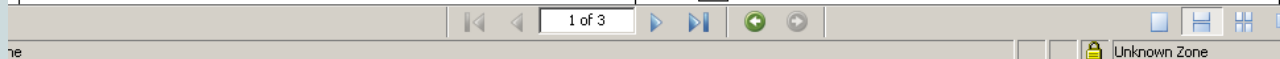
Vulnerable Adult in Need of Service

13. Risk Level: High Intermediate Low

14. Status of Client's Ability to Manage Own Affairs:

Adult with Capacity

Adult Declared Incompetent by Court



The top-most section of a sample APS Referral Form is displayed above. The form can be printed by selecting *Print* from the File menu.

After referral information is entered into the ARTT and the protective investigator supervisor approves the referral (and the referral is saved), an email is sent by the ARTT to the appropriate aging network staff.

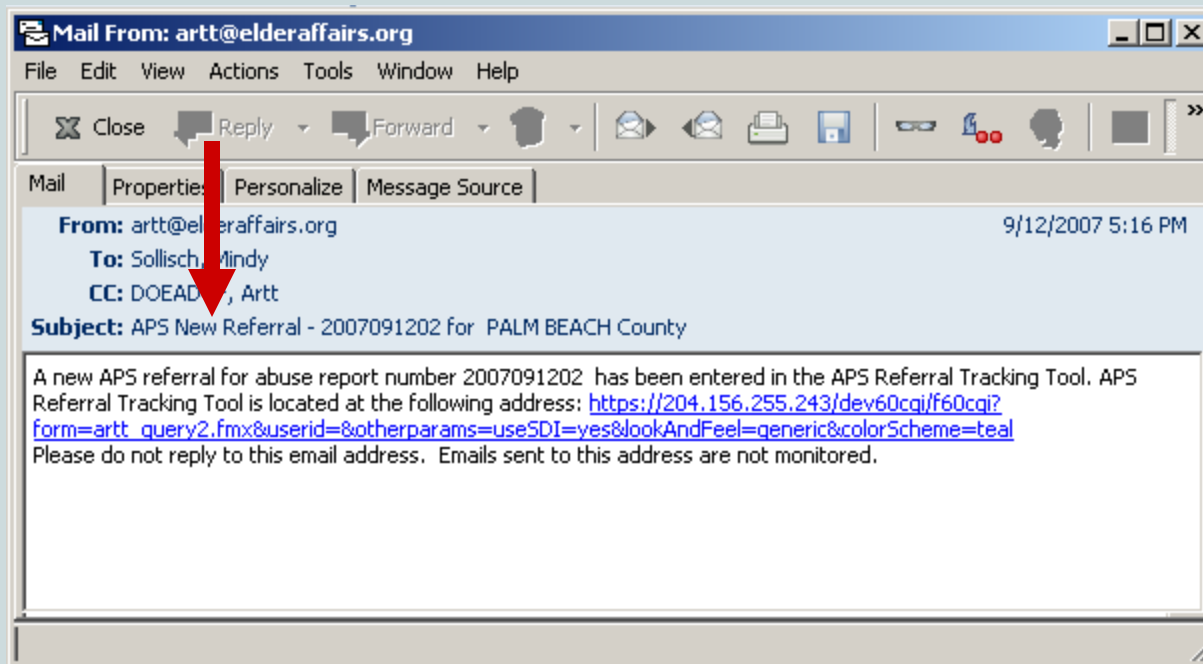
Note: An email is also sent automatically by the ARTT to the aging network when DCF updates any of the “required” fields in an existing referral.

DCF staff will then print the APS Referral Form from the ARTT and fax or hand deliver it to the intake entity along with all required documentation.

DCF will provide the referral packet to the intake entity within 3 hours of entering it into the ARTT for high-risk referrals; within 24 hours for intermediate- and low-risk referrals.

If circumstances prevent DCF from completing the packet within 3 hours for high-risk referrals, and within 24 hours for intermediate- and low-risk referrals, the protective investigator must contact the intake entity and discuss the needs of the client and any safety factors.

If referral packets are not received promptly, the protective investigator should be contacted. If the packet remains uncollected, lead agency staff should contact the area agency on aging. Area agency on aging staff should then contact the Department of Elder Affairs.



A sample email sent from the ARTT when a new referral is created is shown above. The subject line specifies if the referral is new or updated. The subject line also specifies the abuse report number and the county of residence of the individual being referred.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | **Aging Network**

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/02/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

36. Service Provider's Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

The *Aging Network* tab (fifth tab) needs to be completed by the intake entity for each referral received.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/02/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection: _____

OCF SSN: 55555555 Client is in CIRTSS with a different SSN: _____

If this APS Referral was received...

30. Action Taken by Provider _____

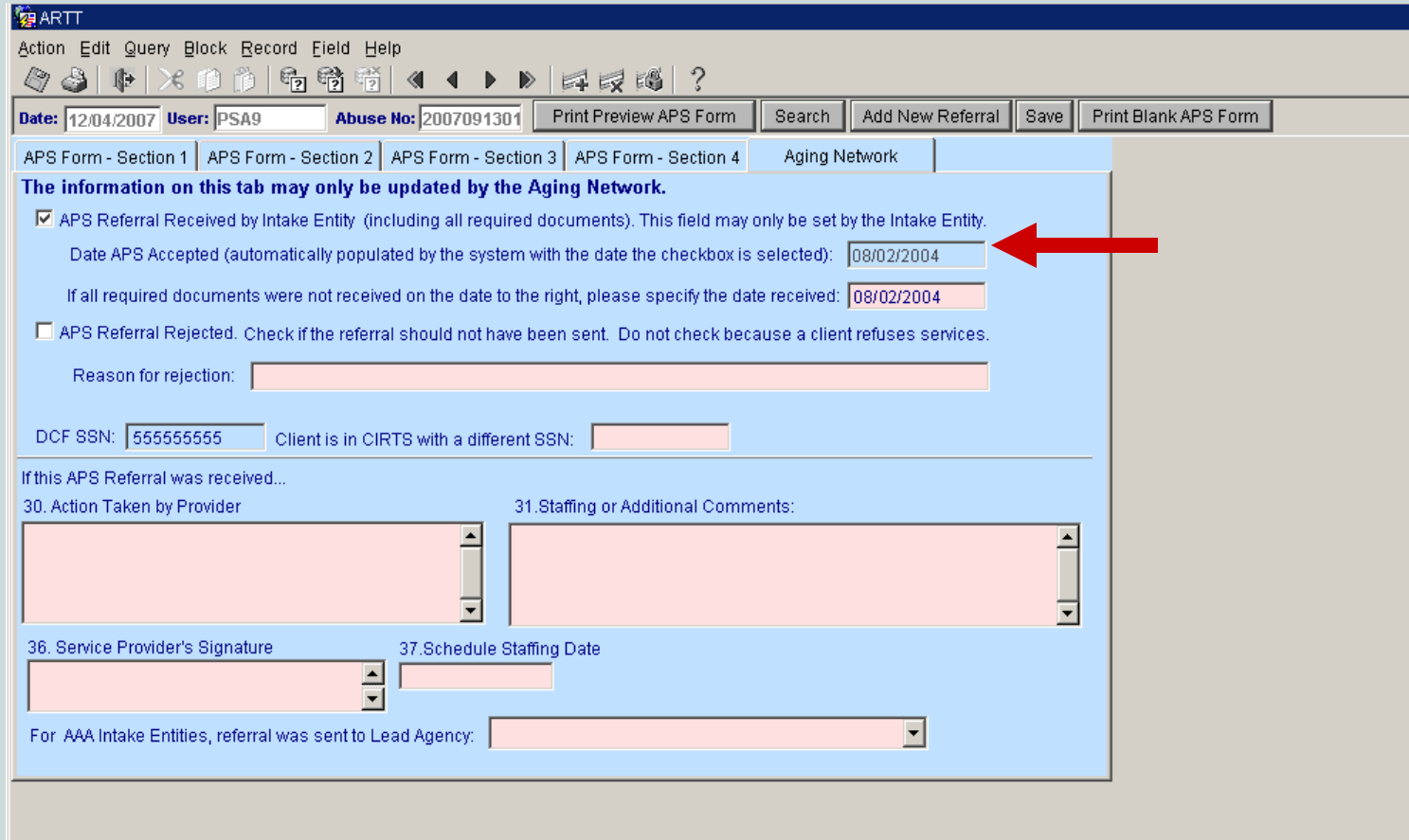
31. Staffing or Additional Comments: _____

36. Service Provider's Signature _____

37. Schedule Staffing Date _____

For AAA Intake Entities, referral was sent to Lead Agency: _____

On the same day the intake entity receives the referral, the intake entity is required to acknowledge receipt of the referral in the ARTT. This is accomplished by clicking in the *APS Referral Received by Intake Entity* checkbox. A referral should be accepted only after the referral packet is received.



ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/02/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

36. Service Provider's Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

Once the *APS Referral Received...* checkbox is selected and the referral is saved, the *Date APS Accepted...* field is automatically populated with the current date. This field is not editable.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/02/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 31. Staffing or Additional Comments:

36. Service Provider's Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

The date the checkbox is selected is also entered into the *If all required documents were not received on the date to the right...* field. If the referral packet was received on a date other than the date the *APS Referral Received...* checkbox is selected, the date the packet was received must be updated.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 31. Staffing or Additional Comments:

36. Service Provider's Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

In the example shown above, the packet was received on 8/1/2004, the day before the checkbox was selected (8/2/2004). The date the packet was received is entered in the *If all required documents were not received on the date to the right...* field.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

Client SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 31. Staffing or Additional Comments:

36. Service Provider's Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

If the referral is a duplicate, the individual referred was not aged 60 or older, or the referral was rejected for a different valid reason, the *APS Referral Rejected* checkbox must be checked... and the reason for the rejection entered in the adjacent text box.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

36. Service Provider's Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

Note: The *APS Referral Rejected* checkbox should not be checked because the individual referred refused services.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection:

DCF SSN: 55555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 31. Staffing or Additional Comments:

36. Service Provider Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

The social security number (SSN) entered by the DCF protective investigator is also displayed in this tab. This field is not editable by aging network staff.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

36. Service Provider Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

If the SSN entered by DCF is not correct and does not match the SSN for this individual in CIRTS, the protective investigator should be contacted and given the correct SSN. The correct SSN must also be entered in the *Client is in CIRTS with a different SSN* field on this tab.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

RESPIRE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

36. Service Provider's Signature

ANN GARER

37. Schedule Staffing Date

08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:

The *Action Taken* field must be completed within 72 hours of receiving the referral for high-risk referrals. What actions have been taken for the client, such as the services provided and planned, must be described in this field.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
 Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
 If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
 Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

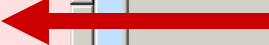
30. Action Taken by Provider
 RESPIRE TO INCLUDE HOMEMAKER 3X2
 PECA 1X3
 PROVIDED BY FRIENDS ASSISTING SENIORS BY
 08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature
 ANN GARER

37. Schedule Staffing Date
 08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:



The *Staffing or Additional Comments* field should be used to document any comments that may assist with addressing the needs of the client.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

RESPITE TO INCLUDE HOME MAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature

ANN GARER

37. Schedule Staffing Date

08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:

The *Service Provider's Signature* is also mandatory for high-risk referrals as is the *Schedule Staffing Date*; both must be entered within 72 hours of receipt of the referral. The *Schedule Staffing Date* is the date the case will be staffed.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

RESPITE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature

ANN GARER

37. Schedule Staffing Date

08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:

After making any changes in this screen you must save your changes. You may do so by selecting *Save* from the Action menu.....

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.

Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004

If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.

Reason for rejection:

DCF SSN: 555555555 Client is in CIRTSS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

RESPITE TO INCLUDE HOME MAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature

ANN GARER

37. Schedule Staffing Date

08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:

or by clicking on the Save (diskette) icon...

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...


30. Action Taken by Provider
RESPITE TO INCLUDE HOME MAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:



or by clicking on the *Save* button.

The screenshot shows the ARTT software interface. At the top, there is a menu bar with 'Action', 'Edit', 'Query', 'Block', 'Record', 'Field', and 'Help'. Below the menu bar is a toolbar with various icons. A status bar at the top contains the following information: 'Date: 12/04/2007', 'User: PSA9', 'Abuse No: 2007091301', and buttons for 'Print Preview APS Form', 'Search', 'Add New Referral', 'Save', and 'Print Blank APS Form'. The main window has several tabs: 'APS Form - Section 1', 'APS Form - Section 2', 'APS Form - Section 3', 'APS Form - Section 4', and 'Aging Network'. The 'APS Form - Section 4' tab is active and highlighted. A red arrow points to the 'Print Preview APS Form' button in the status bar. The active tab contains the following text and form fields:

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection: [Text Field]

DCF SSN: 555555555 Client is in CIRTSS with a different SSN: [Text Field]

If this APS Referral was received...

30. Action Taken by Provider
RESPITE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments: [Text Field]

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency: [Text Field]

Let us take a look at the other buttons available on the ARTT screen. We previously reviewed the *Print Preview APS Form* button. Click on this button to display the current referral in an Adobe Acrobat file which can be printed.

The screenshot shows the ARTT software interface. At the top, there is a menu bar with 'Action', 'Edit', 'Query', 'Block', 'Record', 'Field', and 'Help'. Below the menu bar is a toolbar with various icons. A status bar at the top contains the following information: 'Date: 12/04/2007', 'User: PSA9', 'Abuse No: 2007091301', and buttons for 'Print Preview APS Form', 'Search', 'Add New Referral', 'Save', and 'Print Blank APS Form'. The 'Search' button is highlighted with a red arrow. Below the status bar are several tabs: 'APS Form - Section 1', 'APS Form - Section 2', 'APS Form - Section 3', 'APS Form - Section 4', and 'Aging Network'. The 'Aging Network' tab is selected and highlighted in blue. The main content area of the 'Aging Network' tab contains the following text and form fields:

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection: [Text Field]

DCF SSN: 555555555 Client is in CIRTSS with a different SSN: [Text Field]

If this APS Referral was received...

30. Action Taken by Provider
RESPITE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments: [Text Field]

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency: [Dropdown Menu]

Clicking on the *Search* button will bring up a blank Search screen the first time *Search* is selected during the session. If you had previously performed a search, selecting the *Search* button will display the results from your last search. (Note, if you had previously performed a search, click on the *New Search* button in the Search screen to start a new search.)

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 | APS Form - Section 2 | APS Form - Section 3 | APS Form - Section 4 | Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...


30. Action Taken by Provider
RESPITE TO INCLUDE HOME MAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:



DCF staff can click on the *Add New Referral* button to create a new referral.

ARTT

Action Edit Query Block Record Field Help

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection:

DCF SSN: 555555555 Client is in CIRTS with a different SSN:

If this APS Referral was received...


30. Action Taken by Provider
RESPITE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments:

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency:



Click on the *Save* button if you want to save the information you have entered into the ARTT.

The screenshot shows the ARTT software interface. At the top, there is a menu bar with 'Action', 'Edit', 'Query', 'Block', 'Record', 'Field', and 'Help'. Below the menu bar is a toolbar with various icons. The main window displays the following information:

Date: 12/04/2007 User: PSA9 Abuse No: 2007091301

Buttons: Print Preview APS Form, Search, Add New Referral, Save, Print Blank APS Form

Navigation tabs: APS Form - Section 1, APS Form - Section 2, APS Form - Section 3, APS Form - Section 4, Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
Date APS Accepted (automatically populated by the system with the date the checkbox is selected): 08/02/2004
If all required documents were not received on the date to the right, please specify the date received: 08/01/2004

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
Reason for rejection: [Text Field]

DCF SSN: 555555555 Client is in CIRTS with a different SSN: [Text Field]

If this APS Referral was received...

30. Action Taken by Provider
RESPITE TO INCLUDE HOMEMAKER 3X2
PECA 1X3
PROVIDED BY FRIENDS ASSISTING SENIORS BY
08/02/2004

31. Staffing or Additional Comments: [Text Field]

36. Service Provider's Signature
ANN GARER

37. Schedule Staffing Date
08/01/2004

For AAA Intake Entities, referral was sent to Lead Agency: [Text Field]

A red arrow points to the 'Print Blank APS Form' button in the top right corner of the interface.

Click on the *Print Blank APS Form* button to display an Adobe Acrobat blank APS Referral Form. This button was made available for DCF staff.

APS Referral Process Training Tutorial

For the Aging Network

Section 3

Assessing and Serving APS Referrals

APS Referral Process Training Tutorial

For the Aging Network

Each individual aged 60 or older who was identified by Adult Protective Services as a victim of abuse, neglect or exploitation who is referred for home and community-based services must be assessed.

How quickly the assessment must be conducted depends on the risk level assigned by the protective investigator.

APS Referral Process Training Tutorial

For the Aging Network

High-Risk APS Referrals

A 701B comprehensive assessment must be completed in person within 72 hours of receipt of the APS referral packet for high-risk referrals received during business hours. For high-risk referrals received after business hours, the 72 hours begins when the phone call from Adult Protective Services is received.

APS Referral Process Training Tutorial

For the Aging Network

Intermediate- and Low-Risk APS Referrals

A 701A or a 701B assessment must be completed within 14 calendar days for intermediate- and low-risk referrals.

APS Referral Process Training Tutorial

For the Aging Network

Before an assessment is performed the APS referral packet should be reviewed.

In addition, for all high-risk referrals, the protective investigator and intake entity should discuss the following:

- Most immediate needs to resolve the crisis,
- The factors that make the referral a high-risk, and
- The safety issues and risk factors of which the case manager needs to be aware before entering the individual's home.

APS Referral Process Training Tutorial

For the Aging Network

In addition, in order to ensure the individual will be available for the assessment, the individual should be contacted beforehand and a meeting time arranged.

APS Referral Process Training Tutorial

For the Aging Network

Emergency or crisis-resolving services must begin within 72 hours of receipt of the referral packet for high-risk referrals. The provision of services may exceed 31 days if:

- 1) the emergency or crisis still exists and continuation of services is needed for resolution or
- 2) without the provision of services the crisis is likely to return.

APS Referral Process Training Tutorial

For the Aging Network

If the lead agency determines services can be safely terminated, Adult Protective Services must be contacted and given the opportunity to participate in determining if crisis-resolving services are still needed.

Before services are terminated, another assessment must be conducted.

APS Referral Process Training Tutorial

For the Aging Network

Section 4

CIRTS Entries and Case File Documentation For APS Referrals

APS Referral Process Training Tutorial

For the Aging Network

After an assessment is conducted the assessment data must be entered in CIRTS within 14 days of referral.

Note: For individuals who are not served and cannot be assessed (refuse to be assessed, are institutionalized, etc.), a *Demographic* type assessment should be entered in CIRTS. A *Demographic* assessment requires minimal demographic information, all of which is provided on the APS Referral Form.

APS Referral Process Training Tutorial

For the Aging Network

Let us review the assessment entries needed in CIRTS for APS referrals...

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2007 User SOLLISCHM

PSA 06 SSN 111111111 Last Name Risk Score 62.89 Priority Score 43 Rank 7-APS

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED SOC ENV SUM

CIRTS Assessment Information

Owner Id Owner Assessor Id Assessment Date 09/13/2007

Provider Id Provider Assessor Id Assessment Site CLIENT/RELATIVE'S HOME

Assessor Name Assessment Type INITIAL ASSESSMENT

Consumer Type: ELDER RECIPIENT Are you the caregiver of a grandchild? N Is this Public Housing? N

Referral Source ABUSE/NEGLECT Primary Caregiver

Risk Level HIGH Living Situation

Referral Date 09/12/2007 Date Assessment Changed 09/18/2007 Assessment Changed By

The CIRTS Assessment Screen is shown to the left.

The following fields must be set appropriately:

- The *Referral Source* must be set to *Abuse/Neglect*,
- The *Risk Level* must be set to the risk level assigned by the Protective Investigator (high, medium or low), and

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2007 User SOLLISCHM

PSA 06 SSN 111111111 Last Name Risk Score 62.89 Priority Score 43 Rank 7-APS

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED SOC ENV SUM

CIRTS Assessment Information

Owner Id	Owner Assessor Id	Assessment Date
		09/13/2007
Provider Id	Provider Assessor Id	Assessment Site
		CLIENT/RELATIVE'S HOME
Assessor Name		Assessment Type
		INITIAL ASSESSMENT

Consumer Type: ELDER RECIPIENT Are you the caregiver of a grandchild? N Is this Public Housing? N

Referral Source	Primary Caregiver
ABUSE/NEGLECT	
Risk Level	Living Situation
HIGH	
Referral Date	Date Assessment Changed
09/12/2007	09/18/2007
	Assessment Changed By

- The *Referral Date* must be set to the date the referral packet was received from DCF.

APS Referral Process Training Tutorial

For the Aging Network

If the crisis is resolved and services are terminated, another assessment must be entered in CIRTS and the referral source must be set to *Other*.

This can be done by creating a new assessment or selecting the *Update Assessment* button in CIRTS. This will allow the individual to be prioritized for services in accordance with the department's prioritization criteria.

APS Referral Process Training Tutorial

For the Aging Network

Case File Documentation Requirements

1. A copy of the APS referral packet and other related information must be kept in the individual's case file, and
2. Case notes should contain specific information and dates about all events occurring during the 31 days following each high-risk APS referral to assure compliance with the required timeline.

APS Referral Process Training Tutorial

For the Aging Network

Case notes need to include the following:

- Dates and documentation of all client contacts;
- Date(s) and documentation of all client assessments;
- Services provided during the 72 hours following receipt of the referral, along with service dates;
- Services provided, along with their frequency, for the 31 days following receipt of the referral;

APS Referral Process Training Tutorial

For the Aging Network

Case notes need to include the following (continued):

- Documentation of all contact with Adult Protective Services staff;
- Dates and documentation of all follow-ups; and
- If services were delayed or could not be provided, the reason(s) why.

APS Referral Process Training Tutorial

For the Aging Network

We will now look at five well-documented sample case notes for an APS high-risk referral.

Case note 1: An APS high-risk referral is received.

Case note 2: An assessment is performed.

Case note 3, 4: Follow-ups are performed, ensuring needed services are in place.

Case note 5: A 31-day follow-up is performed to determine if services are still needed.

APS Referral Process Training Tutorial

For the Aging Network

Note: The sample case notes shown on the following slides are not intended to reflect completed case notes. Only portions of the case notes applicable for this training are shown.

In addition, the situation described is not intended to reflect a typical high-risk referral.

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 1

An APS high-risk referral is received. DCF and the client are contacted.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #1

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 1, 2007

APS high-risk referral received today. Reviewed packet then called APS investigator Paul Smith and discussed the referral. Ms. Hipple is 89 y.o. who lives alone and was just discharged from hospital for heart bypass and pacemaker surgery. She was also in hospital a few months ago after a bad fall. She cannot bathe herself or clean her home. She doesn't appear to be taking her medications.

Continued....

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #1 continued

March 1, 2007

APS requested MOW, PECA, HMK and EAR. Paul says her most urgent needs are personal hygiene and CM coordination for other needs.

CM called client to introduce herself and schedule a home visit assessment for tomorrow.

TC to Sue at vendor “ABC” to request an aide in the home. Sue called CM back and has scheduled an aide for tomorrow afternoon. CM will follow-up.

APS Referral Process Training Tutorial

For the Aging Network

Notice the date the client was contacted is documented.

Sample Case

Clare Hippl
Sandy Smit
...

Notice also the case manager contacted the client to schedule a home visit.

March 1, 2007

CM called client to introduce herself and schedule a home visit assessment for tomorrow.

TC to Sue at vendor “ABC” to request an aide in the home. Sue called CM back and has scheduled an aide for tomorrow afternoon. CM will follow-up.

...

APS Referral Process Training Tutorial

For the Aging Network

Services
scheduled and
service dates are
documented.

Sample Case Note #1

Clare Hipple SSN 111-11-1111
Sandy Smithers (case manager)

March 1, 2007

...

CM called client to introduce herself and schedule a home visit assessment for tomorrow.

TC to Sue at vendor “ABC” to request an aide in the home. Sue called CM back and has scheduled an aide for tomorrow afternoon. CM will follow-up.

...

APS Referral Process Training Tutorial

For the Aging Network

All contact with APS staff is documented.

Sample Case

And the client's situation and needs are documented.

Clare Hipp
Sandy Smith

March 1, 2007

APS high-risk referral received today. Reviewed packet then called APS investigator Paul Smith and discussed the referral. Ms. Hipple is 89 y.o. who lives alone and was just discharged from hospital for heart bypass and pacemaker surgery. She was also in hospital a few months ago after a bad fall. She cannot bathe herself or clean her home. She doesn't appear to be taking her medications. APS requested MOW, PECA, HMK and EAR. Paul says her most urgent needs are personal hygiene and CM coordination for other needs. CM called client to introduce herself and schedule a home visit assessment for tomorrow. TC to Sue at vendor "ABC" to request an aide in the home. Sue called CM back and has scheduled an aide for tomorrow afternoon. CM will follow-up.

APS Referral Process Training Tutorial

For the Aging Network

Note: If an individual refuses to be assessed or refuses services, contact the Adult Protective Services investigator to discuss the situation and determine the next best course of action. Adult Protective Services must be contacted within 24 hours if the referral is a high-risk.

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 2

An assessment is performed.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #2

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 2, 2007

HV conducted to assess APS referral for service needs. Ms. Hipple appeared cheerful and alert when CM arrived although she had some confusion. She uses a walker since her fall in Dec. She lives alone. Her son calls her once a week and a friend usually checks in on her on Sundays. She cannot bathe herself due to weakness and fear of falling again. She can do her other ADLs but she needs help cleaning her home.

Continued...

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #2 continued

DCF suggested MOW but she refused MOW at this time. CM will follow-up at next visit. CM suggested a pill minder to clt. CM is authorizing PECA 2X, HMK 1X and EAR to assure her safety in case of another fall, and clt agrees to all services. She also asked for help grocery shopping until she gets stronger.

Clt says her son usually takes her to the doctor. CM will follow up with son about medical compliance. Discussed co-pay that will be waived for 31 days. Ms. Hipple thanked CM for her help.

Continued...

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #2 continued

CM received call from Sue later this day that she was not able to get an aide in today. PECA aide will be there at 8 a.m. tomorrow. Sue had not notified clt so CM made TC to clt to inform of visit. She said that is fine but would like a later time in the future. CM will discuss schedule change with Sue. All service orders and paperwork completed.

APS Referral Process Training Tutorial

For the Aging Network

The date the client is assessed (within 72 hours of receipt) is documented.

Sample Case Note #2

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 2, 2007

HV conducted to assess APS referral for service needs. Ms. Hipple appeared cheerful and alert when CM arrived although she had some confusion. She uses a walker since her fall in Dec. She lives alone. Her son calls her once a week and a friend usually checks in on her on Sundays. She cannot bathe herself due to weakness and fear of falling again. She can do her other ADLs but she needs help cleaning her home.

...

APS Referral Process Training Tutorial

For the Aging Network

Observations of the client's needs and resources are documented.

Sample Case Note #2

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 2, 2007

HV conducted to assess APS referral for service needs. Ms. Hipple appeared cheerful and alert when CM arrived although she had some confusion. She uses a walker since her fall in Dec. She lives alone. Her son calls her once a week and a friend usually checks in on her on Sundays. She cannot bathe herself due to weakness and fear of falling again. She can do her other ADLs but she needs help cleaning her home.

...

APS Referral Process Training Tutorial

For the Aging Network

The specific services planned are documented.

Sample Case Note #2

...

DCF suggested MOW but she refused MOW at this time. CM will follow-up at next visit. CM suggested a pill minder to clt. CM is authorizing PECA 2X, HMK 1X and EAR to assure her safety in case of another fall, and clt agrees to all services. She also asked for help grocery shopping until she gets stronger.

Clt says her son usually takes her to the doctor. CM will follow up with son about medical compliance. Discussed co-pay that will be waived for 31 days. Ms. Hipple thanked CM for her help.

...

APS Referral Process Training Tutorial

For the Aging Network

Client's needs, in addition to those recommended by DCF, are documented.

Sample Case Note #2

...

DCF suggested MOW but she refused MOW at this time. CM will follow-up at next visit. CM suggested a pill minder to clt. CM is authorizing PECA 2X, HMK 1X and EAR to assure her safety in case of another fall, and clt agrees to all services. Clt also asked for help grocery shopping until she gets stronger.

Clt says her son usually takes her to the doctor. CM will follow up with son about medical compliance. Discussed co-pay that will be waived for 31 days. Ms. Hipple thanked CM for her help.

...

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 3

A follow-up is performed, ensuring needed services are in place.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #3

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 3, 2007

TC to son to discuss service plan. He has plans to move clt closer to him after he sells her home. He will ask her friend to set up her weekly meds in a pill minder as she gets them confused. He will notify CM if help is needed with transportation to doctors.

TC to PECA aide to confirm services will be delivered in the afternoon per clt's request.

Continued...

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #3 continued

March 3, 2007

F-up TC to check on Ms. Hipple. She reports the aide came to bathe her today and even changed linens. She still doesn't want MOW.

CM informed clt that HMK will call soon to schedule a visit to help with cleaning, laundry and food shopping. Made sure she had my # to call if any problems.

CM called Paul at DCF to inform of services provided (PECA), plans for HMK & EAR; MOW refused. He agreed with this plan for services. Updated him on son's plan to move his mother at a future date.

APS Referral Process Training

For the Aging Network

Follow-up within 72 hours to confirm services were started. Document the services and when they were provided.

Sample Case Note #3

Clare Hipple SSN 111-11-1111
Sandy Smithers (case manager)

March 3, 2007

...

F-up TC to check on Ms. Hipple. She reports the aide came to bathe her today and even changed linens. She still doesn't want MOWs.

...

APS Referral Process Training Tutorial

For the Aging Network

Activities requiring a future follow-up are documented.

Sample Case Note #3

Clare Hipple SSN 111-11-1111
Sandy Smithers (case manager)

March 3, 2007

TC to son to discuss service plan. He has plans to move clt closer to him after he sells her home. He will ask her friend to set up her weekly meds in a pill minder as she gets them confused. He will notify CM if help is needed with transportation to doctors.

...

APS Referral Process Training Tutorial

For the Aging Network

All contact with
APS staff is
documented.

Sample Case Note #3

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 3, 2007

...

CM called Paul at DCF to inform of services provided (PECA), plans for HMK & EAR; MOW refused. He agreed with this plan for services. Updated him on son's plan to move his mother at a future date.

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 4

A follow-up is performed, ensuring needed services are in place.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #4

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 15, 2007

TC to son to check on status of his mother's home being sold. House is not yet sold. Discussed current services being delivered to his mother. Son confirmed his mother is taking her medications properly.

TC to clt to check on her status and see if her friend set up a pill minder. Clt confirmed that a pill minder has been set up. She confirms receiving PECA, HMK & EAR.

APS Referral Process Training Tutorial

For the Aging Network

Follow-up to confirm services were started.
Follow-up on other outstanding issues.

Sample Case Note #4

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 15, 2007

TC to son to check on status of his mother's home being sold. House is not yet sold. Discussed current services being delivered to his mother. Son confirmed his mother is taking her medications properly.

TC to clt to check on her status and see if her friend set up a pill minder. Clt confirmed that a pill minder has been set up. She confirms receiving PECA, HMK & EAR.

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 5 – Option 1

A 31-day follow-up is performed. Services will continue.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #5 – Option 1

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 31, 2007

Returned call to DCF/Paul regarding clt status as he is closing her case. Paul closed APS case but CM and DCF feel services are needed beyond 31 days to allow clt to remain at home until her home is sold. Will continue PECA, HMK and EAR per care plan.

APS Referral Process Training Tutorial

For the Aging Network

Notice the follow-up to determine if services are needed after 31 days is documented.

Sample Case

Clare Hippl
Sandy Smit

And the client's situation is discussed with the APS investigator.

1

March 31, 2007

Returned call to DCF/Paul regarding clt status as he is closing her case. Paul closed APS case but CM and DCF feel services are needed beyond 31 days to allow clt to remain at home until her home is sold. Will continue PECA, HMK and EAR per care plan.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #5 – Option 1

Clare Hipple SSN 111-11-1111
Sandy Smithers (case manager)

Services can remain in place if the crisis has not been resolved OR without the services the crisis is likely to return.

MARCH 31, 2007

Returned call to DCF/Paul regarding clt status as he is closing her case. Paul closed APS case but CM and DCF feel services are needed beyond 31 days to allow clt to remain at home until her home is sold. Will continue PECA, HMK and EAR per care plan.

APS Referral Process Training Tutorial

For the Aging Network

Sample case note 5 – Option 2

A 31-day follow-up is performed. Services are terminated.

APS Referral Process Training Tutorial

For the Aging Network

Sample Case Note #5 – Option 2

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 31, 2007

TC to clt. Ms. Hipple is much more fragile since her illness last week. She cannot stand alone to do her meals or other ADL/IADLs. Son's daughter will be moving in next week with clt until her home sells; granddaughter is an adult and should be able to help clt with her ADL/IADLs.

TC to son to confirm plans for caregiver moving in. He agreed that CCE services could end next week and he will call CM if plans change. TC to DCF/Paul to inform services terminated.

APS Referral Process Training Tutorial

For the Aging Network

Notice the follow-up to determine if services are needed after 31 days is documented.

Sample Case No

Clare Hipple SS
Sandy Smithers

It was determined that services could be safely terminated.

March 31, 2007

TC to clt. Ms. Hipple is much more fragile since her illness last week. She cannot stand alone to do her meals or other ADL/IADLs. Son's daughter will be moving in next week with clt until her home sells; granddaughter is an adult and should be able to help clt with her ADL/IADLs.

TC to son to confirm plans for caregiver moving in. He agreed that CCE services could end next week and he will call CM if plans change. TC to DCF/Paul to inform services terminated.

APS Referral Process Training Tutorial

For the Aging Network

And the client's situation is discussed with the APS investigator.

Sample Case Note #5 – Option 2

Clare Hipple SSN 111-11-1111

Sandy Smithers (case manager)

March 31, 2007

TC to clt. Ms. Hipple is much more fragile since her illness last week. She cannot stand alone to do her meals or other ADL/IADLs. Son's daughter will be moving in next week with clt until her home sells; granddaughter is an adult and should be able to help clt with her ADL/IADLs.

TC to son to confirm plans for caregiver moving in. He agreed that CCE services could end next week and he will call CM if plans change. TC to DCF/Paul to inform services terminated.

APS Referral Process Training Tutorial

For the Aging Network

Section 5

Area Agency on Aging (AAA) Monitoring

APS Referral Process Training Tutorial

For the Aging Network

Area agencies on aging (AAAs) are responsible for ensuring APS referral policies are followed. Reports are available to assist you in this effort.

The **APS Outcome Measure Report** shows the percentage of high-risk APS referrals that were served within 72 hours. This report is available on the *Reports* tab on the Enterprise Application Services web page on the DOEA Intranet.

APS Referral Process Training Tutorial

For the Aging Network

APS Exception Reports have been developed to assist you in monitoring data recorded in CIRTS and the ARTT for APS referrals. APS Exception Reports specifically show discrepancies between APS referral data in the ARTT and CIRTS and identify APS referrals in the ARTT that have not been completed.

The APS Exception Report for your PSA is available on the *Reports* tab on the Enterprise Application Services web page on the DOEIA Intranet.

DOEA Enterprise Application Services - Microsoft Internet Explorer

Address: https://199.250.26.136/portal/page?_pageid=33,32395,33_32415&_dad=portal&_schema=PORTAL

DEPARTMENT OF ELDER AFFAIRS
STATE OF FLORIDA

Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.
- DOEA Mission Statement

Applications | **Reports** | Documents | Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [APS Exception Report](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Reports](#) - Long Term Care Ombudsman Program
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

Start Discoverer Viewer | Fetch Report Output | Ad Hoc Query | Change SSO Password | Logout

The Reports tab is shown above with a link to the APS Exception Reports and a link to the Outcome Measurement Reports.

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://199.250.26.136/portal/page?_pageid=33,32395,33_324158_dad=portal&_schema=PORTAL

DEPARTMENT OF ELDER AFFAIRS
STATE OF FLORIDA

Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

- DOEA Mission Statement

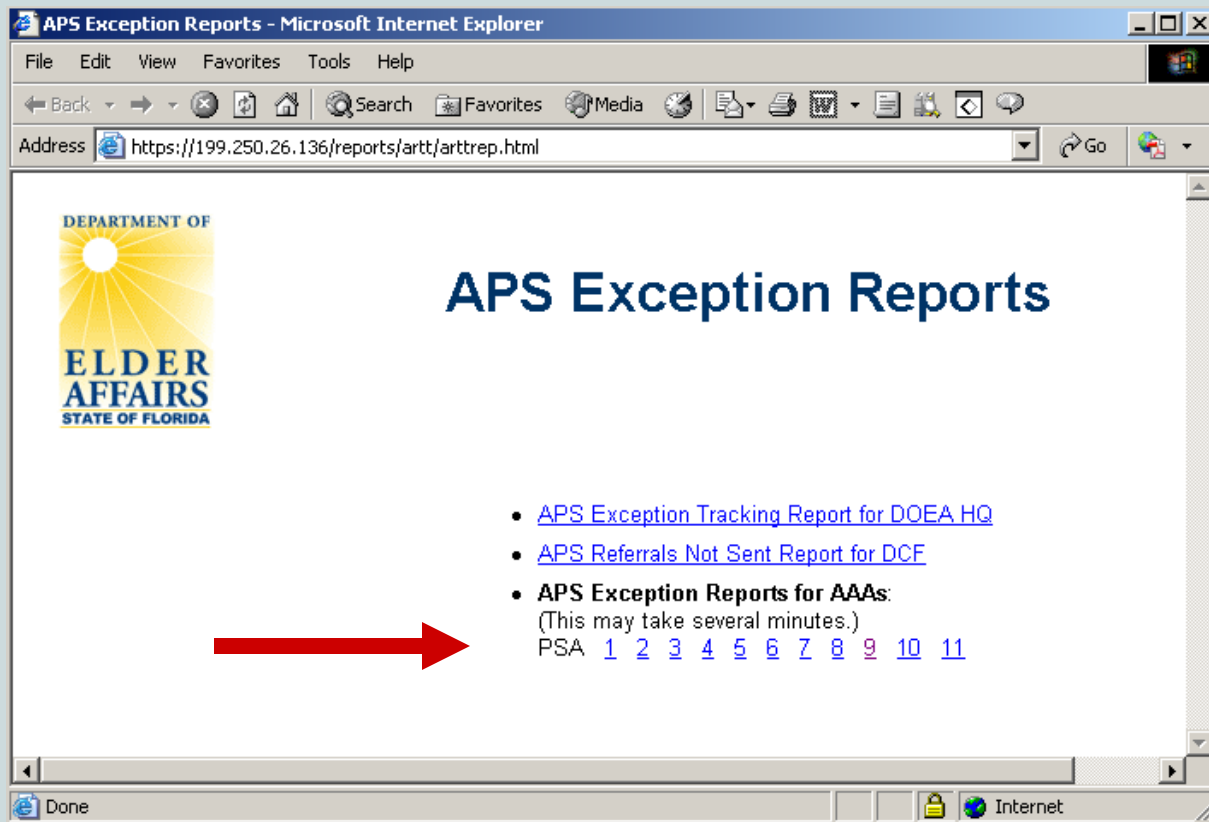
Applications Reports Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [APS Exception Report](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Reports](#) - Long Term Care Ombudsman Program
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Done Internet


We will now look at a sample APS Exception Report. Click on the *APS Exception Report* link...



...Then click on the link corresponding to your PSA in the *APS Exception Reports for AAAs* section. The APS Exception Report for your PSA will then be displayed...

AP5 Exception Reports - Microsoft Internet Explorer

Address: https://199.250.26.136/reports/artt/aps_exception_rpt_doea.jsp?cmdkey=artt_report&PSA=01



Adult Protective Services Exception Reports

PSA 06

Report Run November 08, 2007

ARTT Referrals Not Acknowledged as Received or Rejected (PSA 06)

The list below contains referrals in the ARTT that have NOT been identified as received or rejected. Referrals in the ARTT for whom referral packets have been received should be acknowledged as received on the Aging Network tab. Includes referrals sent two or more days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	Risk Level	District	County	Date Sent	Zip	Provider
2007333333	MIKE	DOE	H	14	POLK	05/06/2007	33801	

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	

ARTT Referrals In CIRTS But Not ARTT (PSA 06)

The list below contains APS referrals in CIRTS (individuals whose referral source is set to "Abuse/Neglect" in the assessment) that are not in the ARTT with referral dates within 90 days of each other. SSNs in CIRTS are first compared to the CIRTS SSNs in the ARTT (on the Aging Network tab). If this field is not populated, DCF provided SSNs are used. The "Provider Name" column is retrieved from the enrollments screen in CIRTS. This report includes all referrals created on or after September 2004. The "Individual in ARTT" column is set to "Y" if the individual is in the ARTT but with a referral date more than 90 days before or after the referral in CIRTS.

Name	SSN	County	Risk Level	CIRTS Referral Date	Zip	Provider Name	Individual in ARTT
DOE, JANE	111111111	HILLSBOROUGH	H	03/14/2006	33510	PROVIDER'S NAME	
DOE, YVONNE	222222222	HILLSBOROUGH	H	08/01/2007	33527	PROVIDER'S NAME	Y

ARTT Referrals In ARTT But Not CIRTS (PSA 06)

The list below contains referrals in the ARTT that are not in CIRTS with referral dates within 90 days of each other. If populated, the CIRTS SSNs in the ARTT (on the Aging Network tab) are compared to the referrals in CIRTS (individuals whose referral source is set to "Abuse/Neglect" in the assessment). If not populated, DCF provided SSNs are used. The "Manually Entered Date Referred" column, if populated, contains the date DCF entered in the field "If the hard copy packet for this referral was sent prior to today, please specify the date." on tab "APS 1099- Section 4". The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received". This report includes all referrals created on or after September 2004 and accepted more than 30 days ago. The "Provider" column is only populated for Palm Beach county. The "Individual in CIRTS" column is set to "Y" if the individual is in CIRTS with a referral source of "abuse/neglect" but with a referral date more than 90 days before or after the referral in the ARTT.

First Name	Last Name	SSN	County	Risk Level	Date Sent	Manually Entered Date Referred	Date Accepted or Received	Zip	Provider	Individual in CIRTS
JANE	DOE	111111112	HILLSBOROUGH	H	03/14/2006		03/14/2006	33647		

The APS Exception Report contains up to 4 sections. A sample report is shown at left.

Section are only displayed if at least one exception exists in that section.

Let us review the 4 sections.

ARTT Referrals Not Acknowledged as Received or Rejected (PSA 06)

The list below contains referrals in the ARTT that have NOT been identified as received or rejected. Referrals in the ARTT for whom referral packets have been received should be acknowledged as received on the Aging Network tab. Includes referrals sent two or more days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	Risk Level	District	County	Date Sent	Zip	Provider
2007555555	MIKE	DOE	H	14	POLK	05/30/2007	33801	

The *APS Referrals Not Acknowledged...* section lists the referrals that have not been acknowledged as received or rejected in the ARTT by the intake entity (as of the previous day).

Each referral (for all risk levels) must be acknowledged as received or rejected in the ARTT the same day the referral packet is received.

ARTT Referrals Not Acknowledged as Received or Rejected (PSA 06)

The list below contains referrals in the ARTT that have NOT been identified as received or rejected. Referrals in the ARTT for whom referral packets have been received should be acknowledged as received on the Aging Network tab. Includes referrals sent two or more days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	Risk Level	District	County	Date Sent	Zip	Provider
2007555555	MIKE	DOE	H	14	POLK	05/30/2007	33801	

The intake entity is responsible for acknowledging receipt of each referral once the referral packet is received.

If the referral packet for high-risk referrals is not received within 3 hours of receipt of the referral through the ARTT, or within 24 hours for intermediate or low-risk referrals, the DCF protective investigator should be contacted.

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	

The *Incomplete ARTT Referrals* section of the APS Exception report lists the referrals that have not been completed in the ARTT by the intake entity.

Several fields in the Aging Network tab in the ARTT must be completed within 72 hours of receiving the referral packet for high-risk referrals and within 14 calendar days for intermediate- and low-risk referrals.

The fields in the ARTT that must be populated by the intake entity are as follows:

1. *Action Taken by Provider,*
2. *Staffing or Additional Comments* (not required for high-risk referrals; either *Action Taken* or *Staffing or Additional Comments* is required for intermediate and low-risk referrals),
3. *Service Providers Signature,* and
4. *Schedule Staffing Date* (required for high-risk referrals only).

Let us look at where each field is located on the Aging Network tab in the ARTT...

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network


The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
 Date APS Accepted (automatically populated by the system with the date the checkbox is selected):
 If all required documents were received prior to today, please specify the date received:

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
 Reason for rejection:

DCF SSN: Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider  31. Staffing or Additional Comments:

36. Service Provider's Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

1. *Action Taken by Provider*

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network


The information on this tab may only be updated by the Aging Network.


APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
 Date APS Accepted (automatically populated by the system with the date the checkbox is selected):
 If all required documents were received prior to today, please specify the date received:

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
 Reason for rejection:

DCF SSN: Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 

31. Staffing or Additional Comments: 

36. Service Provider's Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

1. *Action Taken by Provider*
2. *Staffing or Additional Comments*

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
 Date APS Accepted (automatically populated by the system with the date the checkbox is selected):
 If all required documents were received prior to today, please specify the date received:

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
 Reason for rejection:

DCF SSN: Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider 31. Staffing or Additional Comments:

36. Service Provider's Signature 37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency:

1. *Action Taken by Provider*
2. *Staffing or Additional Comments*
3. *Service Providers Signature*

ARTT

Action Edit Query Block Record Field Help

Date: 10/06/2007 User: DCF09 Abuse No: 2007091301 Print Preview APS Form Search Add New Referral Save Print Blank APS Form

APS Form - Section 1 APS Form - Section 2 APS Form - Section 3 APS Form - Section 4 Aging Network

The information on this tab may only be updated by the Aging Network.

APS Referral Received by Intake Entity (including all required documents). This field may only be set by the Intake Entity.
 Date APS Accepted (automatically populated by the system with the date the checkbox is selected):
 If all required documents were received prior to today, please specify the date received:

APS Referral Rejected. Check if the referral should not have been sent. Do not check because a client refuses services.
 Reason for rejection:

DCF SSN: Client is in CIRTS with a different SSN:

If this APS Referral was received...

30. Action Taken by Provider

31. Staffing or Additional Comments:

36. Service Provider's Signature

37. Schedule Staffing Date

For AAA Intake Entities, referral was sent to Lead Agency: DOSS

1. *Action Taken by Provider*
2. *Staffing or Additional Comments*
3. *Service Providers Signature*
4. *Schedule Staffing Date* (required for high-risk referrals only)

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	



“No Action” is displayed if the *Action Taken by Provider* field on the Aging Network tab was not populated.

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	



“No Comments” is displayed if the *Staffing or Additional Comments* field on the Aging Network tab was not populated.

(This is not a required field for high-risk referrals, but either the *Action Taken by Provider* field or the *Staffing or Additional Comments* field must be populated for intermediate and low-risk referrals.)

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	



“No Signature” is displayed if the *Service Provider’s Signature* field on the Aging Network tab was not populated.

Incomplete ARTT Referrals (PSA 06)

The list below contains ARTT referrals that have not been completed by the aging network. The following fields need to be completed: "Action Taken by Provider" field (#30) or "Staffing or Additional Comments" field (#31), "Service Provider's Signature" (#36), and for High risk referrals- the "Schedule Staffing Date" (#37). The list below identifies which information is missing. According to the APS MOU, this information must be entered into the ARTT within 72 hours from the time the referral packet is received for "high-risk" referrals and within 10 business days for "intermediate" and "low" risk referrals. The "Date Accepted or Received" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". Includes referrals created on or after January 1, 2006 and received more than fifteen days ago. The Provider field is only populated for Palm Beach county.

Abuse No	First Name	Last Name	SSN	Date Accepted	Risk Level	County	LA Assigned	No Action	No Comments	No Signature	No Staffing Date	Zip	Provider
2007333333	CARLOS	DOE	333333333	10/05/2007	L	POLK		No Action	No Comments	No Signature	No Staffing	33801	



“No Staffing” is displayed if the *Schedule Staffing Date* field on the Aging Network tab was not updated.

ARTT Referrals In CIRTS But Not ARTT (PSA 06)

The list below contains APS referrals in CIRTS (individuals whose referral source is set to "Abuse/Neglect" in the assessment) that are not in the ARTT **with referral dates within 90 days of each other**. SSNs in CIRTS are first compared to the CIRTS SSNs in the ARTT (on the Aging Network tab). If this field is not populated, DCF provided SSNs are used. The "Provider Name" column is retrieved from the enrollments screen in CIRTS. This report includes all referrals created on or after September 2004. The "Individual in ARTT" column is set to "Y" if the individual is in the ARTT but with a referral date more than 90 days before or after the referral in CIRTS.

Name	SSN	County	Risk Level	CIRTS Referral Date	Zip	Provider Name	Individual in ARTT
DOE, JANE	111111111	HILLSBOROUGH	H	03/14/2006	33510	PROVIDER'S NAME	
DOE, YVONNE	222222222	HILLSBOROUGH	H	08/01/2007	33527	PROVIDER'S NAME	Y

The *ARTT Referrals in CIRTS But Not ARTT* section lists the names of individuals who have an assessment in CIRTS with the *Referral Source* set to "Abuse/Neglect" but are not in the ARTT.

Note: Referral dates in CIRTS assessments and in the ARTT must be within 90 days of each other for a "match" to occur.

ARTT Referrals In CIRTS But Not ARTT (PSA 06)

The list below contains APS referrals in CIRTS (individuals whose referral source is set to "Abuse/Neglect" in the assessment) that are not in the ARTT **with referral dates within 90 days of each other**. SSNs in CIRTS are first compared to the CIRTS SSNs in the ARTT (on the Aging Network tab). If this field is not populated, DCF provided SSNs are used. The "Provider Name" column is retrieved from the enrollments screen in CIRTS. This report includes all referrals created on or after September 2004. The "Individual in ARTT" column is set to "Y" if the individual is in the ARTT but with a referral date more than 90 days before or after the referral in CIRTS.

Name	SSN	County	Risk Level	CIRTS Referral Date	Zip	Provider Name	Individual in ARTT
DOE, JANE	111111111	HILLSBOROUGH	H	03/14/2006	33510	PROVIDER'S NAME	
DOE, YVONNE	222222222	HILLSBOROUGH	H	08/01/2007	33527	PROVIDER'S NAME	Y

DCF should be contacted if an APS referral was not entered in the ARTT. Lead agency staff should contact the area agency on aging if DCF staff is not responsive. Area agency on aging staff should contact Mindy Sollisch at DOEA if the problem remains unresolved.

ARTT Referrals In ARTT But Not CIRTS (PSA 06)

The list below contains referrals in the ARTT that are not in CIRTS **with referral dates within 90 days of each other**. If populated, the CIRTS SSNs in the ARTT (on the Aging Network tab) are compared to the referrals in CIRTS (individuals whose referral source is set to "Abuse/Neglect" in the assessment). If not populated, DCF provided SSNs are used. The "Manually Entered Date Referred" column, if populated, contains the date DCF entered in the field "If the hard copy packet for this referral was sent prior to today, please specify the date." on tab "APS 1099- Section 4". The "Date Accepted" column contains the date the referral was acknowledged as received in the ARTT, or if populated, the date entered in the field "If all required documents were received prior to today, please specify the date received:". This report includes all referrals created on or after September 2004 and accepted more than 30 days ago. The "Provider" column is only populated for Palm Beach county. The "Individual in CIRTS" column is set to "Y" if the individual is in CIRTS with a referral source of "abuse/neglect" but with a referral date more than 90 days before or after the referral in the ARTT.

First Name	Last Name	SSN	County	Risk Level	Date Sent	Manually Entered Date Referred	Date Accepted or Received	Zip	Provider	Individual in CIRTS
JANE	DOE	111111112	HILLSBOROUGH	H	03/14/2006		03/14/2006	33647		

The *ARTT Referrals in ARTT But Not CIRTS* section lists the names of individuals in the ARTT who do not have an assessment in CIRTS with the *Referral Source* field set to “Abuse/Neglect.”

For each exception listed, CIRTS assessments should be reviewed. The appropriate assessment should have the *Referral Source* field set to “Abuse/Neglect” and the *Referral Date* field set appropriately.

Exceptions for the same individual may be listed in both the *ARTT Referrals in ARTT But Not CIRTS* section and the *ARTT Referrals in CIRTS But Not ARTT* section if the social security number (SSN) for this individual in the ARTT does not match the SSN in CIRTS.

If the SSN entered by DCF in the ARTT is not correct and does not match the SSN for this individual in CIRTS, the protective investigator should be contacted and given the correct SSN. The correct SSN must then be entered in the *Client in CIRTS with a different SSN* field on the Aging Network tab.

APS Referral Process Training Tutorial

For the Aging Network

Congratulations!

You have completed the

APS Referral Process Training Tutorial

for the Aging Network

APS Referral Process Training Tutorial

For the Aging Network

Do you have any questions or comments about this training module or about the APS Referral Tracking Tool?

If so, please contact Mindy Sollisch:

telephone: 850.414.2181 or

email: Sollischi@elderaffairs.org